

Federation of Bath Residents' Associations (FoBRA)

Response to Informal Consultation Paper (Ref.A)

Houses in Multiple Occupation in Bath

Supplementary Planning Document Review – May 2017

References:

- A. B&NES Informal Consultation Paper. HMOs in Bath SPD Review (inviting comments by 15 May 2017).
- B. Houses in Multiple Occupation in Bath. Supplementary Planning Document. July 2013.
- C. B&NES HMO SPD Review & Options Analysis by ARUP. Issue 4. 19 April 2017.
- D. B&NES Article 4 Direction for HMOs. Feasibility Study by ARUP. Issue 4.50. 14 February 2012.

Question 1:

Should the threshold be maintained as 25% or be lowered to 20%, 15% or 10%?

FoBRA has been calling for some time for the threshold to be lowered to 10%, in line with other university towns/cities less-densely populated with HE students than Bath.

Why?

A. The National Planning Policy Framework (NPPF) states (at para.50) that an objective for LPAs is to create balanced communities. For Bath, a continuing feeding frenzy of development of student buy to let Houses in Multiple Occupation and Purpose Built Student Accommodation is steadily undermining that objective in destroying city communities house by house, street by street and area by area.

Newcomers to an established neighbourhood often bring with them a different set of values to those of the host community. Human nature is such that, where they remain a small minority, these newcomers generally will try to conform to the values of existing residents. However, where the newcomers form a large minority or majority, they will tend to behave to their own values rather than those of the host community. At some point a threshold is reached at which this changeover occurs.

The National HMO Lobby (NHMOL - an association of some 50 community groups in 30 towns/cities across the UK who are concerned to ameliorate the impact of concentrations of HMOs), in its publication 'Balanced Communities and Studentification – Problems and Solutions' (<http://hmolobby.org.uk/39articles.pdf>) defines (on p.7) a 'Tipping Point' as the threshold beyond which balanced communities become unbalanced, based on comprehensive research.

The NHMOL defines the tipping point in a given location as the point at which either:

- the number of HMOs exceeds 10% of properties; or
- the number of HMO occupants exceeds 20% of the population.

FoBRA agrees that a community in which a quarter of properties are HMOs cannot be described as 'balanced' and agrees with NHMOL that a 10% threshold is more appropriate; indeed necessary, particularly for university towns/cities where students form a high proportion of the population.

With its two successful universities and relatively small size, the World Heritage City of Bath (population approximately 93,000) hosts one of the highest proportions of Higher Education (HE) students per head of population in the UK; indeed, student numbers (at 24,000) exceed a quarter of the permanent population during term time.

B. A comparison of the city maps at Annexes 1 to 4 of Ref.A shows how areas of Bath with greater than 10% concentration of HMOs have already spread from the 'traditional' Westmoreland/Oldfield wards (which are already, by reputation, unbalanced) into Kingsmead, Widcombe and Walcot wards. If the Article 4 HMO property threshold is not lowered from 25% to 10% it is obvious that the latter three wards would 'saturate' with 25% HMOs before other areas of the city reach anything like 10% saturation. Lowering the threshold to 10% would clearly relieve Kingsmead, Widcombe and Walcot wards of further highly unbalanced communities and spread the load, as intended, around larger areas of the city.

C. The B&NES HMO SPD Review Consultation Paper (Ref.A) states (at para.2.2) that the current threshold of 25% of properties was based on a number of factors including 'local evidence'. The existing B&NES HMO SPD (Ref.B) claims (on page 7) that this local evidence includes the fact that (in 2013) the 'Proportion of Bath's population who are students' was 18%.

The ARUP analysis (Ref.C) states (at Table 1) that in 2014/15 the total population of students at Bath's two universities was 22,950. Assuming the population of Bath to be around 93,000 at that time, this shows the 'Proportion of Bath's population who are students' to have risen to approximately 25% more recently. As stated above, the student population has since increased further to 24,000.

FoBRA considers this revised local evidence to be another reason why the HMO property threshold should be significantly reduced.

D. It is of particular concern to FoBRA that the selection of 25% as the HMO property threshold in 2013 is said to have been based on the misleading 'local evidence' quoted at Ref.B (page 7) that the 'Proportion of Bath's student population not in Halls' is 13%.

The implication that, in 2013, 87% of Bath's student population was accommodated in university-managed accommodation is clearly erroneous. The current HMO SPD is based on the 2012 ARUP Article 4 Feasibility Study (Ref.D, Section 4.2.2) which reports that the two universities provided a total of 4,380 bed spaces at that time, which equates to just 26% of the then total full-time student population (16,845), not 87%! From these figures the statement of 'local evidence' at Ref.B (page 7) should more properly read: "Proportion of Bath's full-time student population not in halls: 74%". This major correction alone demonstrates that the decision to set the threshold at such a modest level as 25% was misguided.

By 2014/15 the city's student population had increased to 22,950 (Ref.C, Table 1) and is forecast to increase by a staggering 30% to 29,742 by 2020/21 (Ref.C, Table 2).

The universities have demonstrated during the B&NES Placemaking Plan process that they have no intention of accommodating more than about a third of their full-time students in university-managed accommodation. With the vast majority of Bath's students already dependent on the private rented sector for their accommodation, the demand for HMOs and Purpose Built Student Accommodation (PBSA) will therefore only continue to increase over the coming years. Potential 'studentification' (with its attendant imbalance of communities) of even wider areas of the city should therefore be more tightly controlled than hitherto by urgently reducing the HMO property threshold to 10%.

Note: In the Placemaking Plan consultation, FoBRA argued that party houses (short term rentals) meet the criteria to be regarded as HMOs and should be included in the HMO SPD review.

Question 2:

Do you agree to introduce this HMO sandwich policy?

Yes.

Why?

FoBRA agrees with the aim of this policy as stated at Ref.A, para.4.3. It is important to prevent the potential for negative impacts upon an existing residential dwelling due to this sandwiching effect and to ensure there is balance at street level by preventing a continuous run of HMOs from occurring. There are numerous examples in Oldfield Park where residents have been either forced out of family accommodation or have to suffer unacceptable noise due to change of use to HMO being permitted on either side.

Question 3:

Is there a convincing case for any of the other proposed options to be pursued as well or instead of the two above?

Yes, Option 6, in addition to the two options above.

Option 6 (Apply threshold to Purpose Built Student Accommodation) is dismissed from this review at Ref.A, Table 1 as requiring 'more strategic planning' and will only be considered 'through the new Local Plan (review of the Core Strategy & Placemaking Plan)'.

FoBRA considers such a delayed approach to be unacceptable as there have already been instances (e.g. Wansdyke Business Centre in Oldfield Park) where it has been controversially proposed to build a PBSA block in an area with an already high concentration of HMOs.

As stated in FoBRA's response to Question 1 above, the National HMO Lobby defines the 'Tipping Point', beyond which balanced communities become unbalanced as when either:

- the number of HMOs exceeds 10% of properties; or
- the number of HMO occupants exceeds 20% of the population

in a given location.

FoBRA strongly advocates the early incorporation of the spirit of the second of these bullet points into any revision of the Supplementary Planning Documentation to cater for the increasing likelihood that more planning applications will come forward where a PBSA is proposed in an area with a high concentration of HMOs.

So that the policy covers the reverse situation, i.e. where an HMO is proposed in an area where a PBSA already exists, FoBRA proposes that the relevant additional test is modified such that planning permission would be refused where:

The number of HMO or PBSA occupants exceeds 20% of the population in a given location.

Robin Kerr, FoBRA Chairman

Chris Beezley, FoBRA Lead for Universities

Final – 12th May 2017