

Houses in Multiple Occupation Draft Supplementary Planning Document

PUBLISHED IN SUPPORT OF THE BRENT LOCAL
PLAN 2019 - 2041
PLANNING POLICY TEAM

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1. Consultation

- 1.1 This draft Supplementary Planning Document (SPD) will be subject to a 8 week period of consultation. This will be between 14th July and 15th September 2022. Consultation will be consistent with the Town and Country Planning (Local Planning) (England) Regulations 2012 and the Council's Statement of Community Involvement (SCI).
- 1.2 The document will be made available on the Council's website, as well as in Brent Council libraries. The Council will promote it through general awareness raising undertaken through media releases, its social media pages and on its website. In addition, the Council will notify all relevant people and organisations on its planning policy consultation database. It will also make all landlords in the borough registered with it, aware of the consultation.
- 1.3 Representations on the document can be made to: planningstrategy@brent.gov.uk. Alternatively, you can write to Paul Lewin, Team Leader Planning Policy, Brent Council, Civic Centre, Engineers Way, Wembley HA9 0FJ. Representations should be received by the Council by midnight 15th September 2022. Please reference the appropriate section and paragraph of the document for each individual comment that you make. Please note that the Council will not register anonymous responses. You should provide your name and if relevant, the organisation that you are working for, and that which you might be representing. If writing in a personal capacity, it would be helpful to know if you are a resident or landlord.
- 1.4 When reporting the consultation responses, organisation names will be referenced by the Council. However, no individual's name or personal details of respondents will be made publically available. Please can you indicate with your response whether you wish to be informed by the Council of whether this document is adopted. Please also indicate if you would like to be informed of other planning policy consultations by having your details put on our planning policy consultation database. This information will only be used in relation to consultations on the Council's planning and associated documents. Unless you indicate that you want to be put on this database, your personal details will only be kept until the Council makes a decision on whether to proceed with the adoption of the SPD or not and has subsequently issued the appropriate notifications. Please see our [privacy policy](#) for more details.

2. Purpose of document and its structure

- 2.1 The purpose of this SPD is to ensure that, where planning permission is required for Houses in Multiple Occupation (HMO), applicants, communities and interested parties can gain greater certainty on what is likely to be permitted. It seeks to build on existing policy in the development plan. Principally this is Local Plan Policy BH7. This will ensure that HMOs:
 - will be directed to areas with better public transport accessibility levels (PTAL)
 - will be close to a range of amenities such as shopping provision;
 - are not over-concentrated in an area; and
 - meet occupier needs.
- 2.2 The SPD also seeks to ensure that adjacent neighbours will benefit from better levels of management of the properties. In addition it will seek to ensure HMOs

are of a better quality for their occupants. This will be through measures such as setting out minimum standards of internal and external amenity space. For each of the matters it addresses, it identifies what 'must' be achieved as a minimum. Where appropriate it also sets what would be best practice through the use of 'should' in bettering outcomes beyond the minimum. These are drawn together and summarised in Figure 1.

- 2.3 Applications will be assessed against the information set out in this document. This document will therefore be a material consideration in the process of determining planning applications for HMOs. Permission for a HMO is likely to be granted where meeting the policy requirements and guidance set out in this document.
- 2.4 The principal focus of the SPD is for different types of HMO. Its contents however, may also be helpful in relation to other forms of Accommodation with Shared Facilities or Additional Support, which are also assessed against Policy BH7. This is particularly where no separate guidance exists for those forms of accommodation.
- 2.5 The majority of HMOs in Brent are small scale. They generally result from changes of use or conversion of existing dwellings. Few to date have been purpose built new-builds. Only a very few exceed 10 occupants. There has however, more recently been a trend towards larger purpose built accommodation principally for working people. These are sometimes also known as 'co-living' schemes. The Greater London Authority (GLA) has produced additional London Plan Guidance (LPG) on [Large-Scale Purpose-Built Shared Living](#). Consistent with London Plan policy H16, its focus is on schemes of 50+ non-conventional residential units. That LPG should be used for those types of schemes.
- 2.6 For schemes that fall between 15 and 50 occupants the Council is likely to take a bespoke approach that blends the contents of this SPD and the LPG. The weight attached to each document will depend on the type of accommodation being proposed. For these types of cases applicants are encouraged to seek pre-application advice from the Council before making much progress with the design of their scheme.
- 2.7 This SPD covers issues that will specifically be considered in relation to planning applications for HMOs. The document has taken into account some other statutory regimes associated with gaining consent for and operating HMOs. In some cases, for justifiable planning reasons it goes beyond their requirements. Receiving planning permission however, does not mean that HMO owners will be exempt from or automatically be granted other necessary consents, e.g. housing licensing or building regulations. Operators of HMOs must ensure that before and during occupation of the premises that all the necessary consents have been achieved associated with those regulatory frameworks.

3. Introduction

What is a HMO?

- 3.1 Broadly, a HMO is a property tenanted by three or more unrelated people as their main residence, who share one or two basic amenities. A fuller legal definition is set out in [Section 254 of the Housing Act 2004](#). This definition is also in certain circumstances also used in association with planning legislation. Traditionally

within Brent HMOs are likely to be a converted dwelling with parts occupied by sharers, comprising two or more households. Segregation of households from communal areas is often by a bedroom door. In most cases this can be locked for the purposes of maintaining privacy. These bedrooms may in a few cases also contain en-suite or basic beverage making or snack facilities such as kettles or a toaster. The remainder of the property might include bathrooms, lounges, kitchens and other shared facilities.

- 3.2 HMO occupants can comprise a variety of people/ households. They may include within the property only particular types, or a mix from groups such as young professionals, students, employed, unemployed, single parents, families with children or pensioners. The type of person is immaterial to its classification as a HMO in planning terms. It is the number of occupants, their relationship, the extent of sharing of certain basic amenities, the length of stay and the accommodation being the primary residence which makes the property a HMO.
- 3.3 Large scale purpose built student accommodation or shared living may fall within the HMO definition. This however might be subject to other planning policy related to the specific type of occupier, particularly if the scale of the development starts to incorporate a significant number of people.
- 3.4 Residential accommodation, where care or support is provided, is likely to be defined as a residential institution. Accommodation that is more temporary in nature, is likely to be defined as a hotel or hostel.

HMOs and town planning

- 3.5 From a town planning perspective HMOs fall into the following subcategories which have different associated Use Classes, those with:
 - a) Between three and six residents (Use Class C4)
 - b) More than six residents (Sui Generis)
- 3.6 This is important in respect of when planning permission might be required for their use as a HMO. All new HMOs in the Sui Generis category require planning permission. From 1st November 2022, in some parts of Brent new HMOs in the Class C4 will require planning permission. Further information on this is provided in paragraphs 3.15-3.17.

HMOs and housing licensing

- 3.7 HMOs are subject to other forms of legislation. This includes for example private sector housing licensing regimes. From this perspective, HMOs within Brent fall into the following sub-categories. Those with:
 - a) Five or more people are required to have a 'mandatory' licence, or
 - b) Three or four people currently are required to have an 'additional' licence.
- 3.8 The mandatory licence is a requirement set by national government. It applies across the whole country. The additional licence requirement has been introduced by the Council. It applies across the whole borough. It has to be renewed by the Council, with each term lasting five years. All HMOs in the borough fit into the two categories in paragraph 3.7. Even if they do not need planning permission, legally a licence is required. [Licensing applications](#) can be made by landlords to register their properties. The [register of licensed properties](#) is publically viewable. The Council can be contacted at

prslicensing@brent.gov.uk with queries about the status and requirements of HMO property licences.

- 3.9 National policy sets out planning decisions should be on whether proposed development is an acceptable use of land and assume that other regimes associated with a development will operate effectively. When an application for a HMO is received by the Council's planning department, it will consult the Council's housing department. Where planning permission is granted it will be for the landlord to ensure that they have got the necessary mandatory or additional licence to operate the premises.

HMOs and building control

- 3.10 Building regulations approval will be required for new build HMO premises or, in most cases, where a property is changed from a single household dwelling to a HMO incorporating communal spaces. It will cover matters such as the installing of new kitchen and bathroom facilities, new doors and windows and fire and sound insulation between units of accommodation, upgrading/ renewing electrical wiring and upgrading/ renewing certain heating systems. Similar to housing licensing, it will be for the property owner to ensure that the necessary building regulations have been secured for the premises to operate as a HMO. The following web link [Building Control | Brent Council](#) provides additional information on the Council's building control service. It includes contact details and inquiry forms for the Council to respond to proposed developments setting out building control requirements that need to be addressed.

HMOs in Brent

- 3.11 There are currently approximately 17,000 HMOs in Brent. They form a significant proportion of the borough's living accommodation. Due to lack of housing supply, HMOs play an important role for many Brent residents. They can be beneficial for those unable to afford self-contained accommodation, particularly single, younger, older or small family households. They also cater for those who potentially require a more flexible solution. This might for example be when initially moving to an area, prior to finding a more permanent home. In recognition of the role that they play on housing people, the Council is supportive of the provision of additional high quality HMOs in the right locations and circumstances.
- 3.12 The majority of HMOs are Class C4. To date, in most circumstances these have not required planning permission. This is due to change of use permitted development rights. For many years changes of use have been permissible back and forth between conventional dwellings and Class C4 HMOs. This has resulted in some parts of the borough having higher concentrations of HMOs.
- 3.13 Concentrations can lead to potential adverse issues. For example, higher occupancy levels of homes might put pressure on local facilities, social infrastructure and parking. A more transitory population might be less invested in an area, providing a reduced sense of community, or leading to anti-social behaviour. Absentee landlords might neglect property management, leading to a degradation of street scene. A loss of family sized dwellings (3 bed+), may also result in unbalanced communities.
- 3.14 Licensing can deal with a wide range of aspects related to HMOs. It does, however, have limitations. Compared to planning requirements for new homes, some standards from a planning perspective are considered by the Council to be

insufficient. This can result in small bedroom sizes, limited internal amenity space, such as lounges/ dining rooms, or external space such as gardens. Licensing also does not deal with transport matters, the concentration of HMOs, or loss of family accommodation, for which there is also a great need in Brent.

Article 4 Direction for Class C4 HMOs

- 3.15 The Council, as a Local Planning Authority, does have the power to remove permitted development rights. This can be done through what is known as an Article 4 Direction. The Council has done this for Class C4 HMOs. This is to better address some of their potential adverse impacts. This is with respect to occupants, neighbours, and the wider area. It will assist in the better planning of Brent.
- 3.16 From 1st November 2022, planning permission to change dwellings to HMOs (Use Class C4) is required in Brent. Areas excluded from this requirement are:
- a) the Old Oak and Park Royal Development Corporation (OPDC) Area;
 - b) the Local Plan's site allocations within the Church End Growth Area; and
 - c) all parts of the other seven Growth Areas.
- 3.17 A map illustrating its extent can be found in [Appendix A](#). More detailed boundaries and an interactive version of this map can be viewed on the [Council's Planning Policies Map](#).

4. Relevant Development Plan policy

- 4.1 The Development Plan as it relates to HMOs comprises the London Plan, and the Brent Local Plan.

London Plan 2019 – 2041

- 4.2 *Policy H9 Ensuring the best use of stock* references HMOs. It identifies that boroughs should take account of the role of HMOs in meeting local and strategic housing needs. It also states that where HMOs are of a reasonable standard, they should generally be protected.

Brent Local Plan 2019 – 2041

- 4.3 *BH7 Accommodation with Shared Facilities or Additional Support* is the principal policy to assess HMO acceptability. This states that HMO applications will be supported when meeting all of the following criteria:
- a) is located in an area with good access to public transport and other amenities, including shops (normally within 400m);
 - b) is of an acceptable quality meeting appropriate standards for the needs of its occupants, including external amenity space, appropriate communal facilities, levels of support/ care and mobility;
 - c) includes management arrangements agreed with the council suitable to its proposed use and size to not unacceptably impact on neighbour amenity;
 - d) demonstrates that there is a specific Brent need, or in the case of purpose built student accommodation a London need, for the particular use; and

- e) will not lead to an over-concentration... defined as where three or more of the ten nearest properties are HMOs.
- 4.4 Other policies are also relevant. These in particular will be when considering aspects of criteria b) and c) related to the amenity of occupants and neighbourhoods. Reference to other appropriate policies will be set out in the following sections of the SPD.

5. Expectations of the standard of HMOs from this SPD

- 5.1 This section is broken down to align with the criteria of policy BH7 outlined above. Guidance is provided on how these criteria can be best addressed. Other relevant policy is also referenced. Planning applications should demonstrate compliance with the SPD. Structuring how they have done so in accordance with this document will assist the Council. In addition the applicant will gain a better understanding of the extent to which they have addressed necessary matters.

a) Location

Accessibility

- 5.2 The Local Plan seeks to prioritise development in areas with better access to public transport and within walking distance of a range of facilities. This is consistent with national policy, the London Plan and the Mayor's Transport Strategy. It is to provide residents with easier access to services, social infrastructure and jobs. This will make it more likely their journeys will not be reliant on use of the private car. In addition, the socio-economic characteristics of many HMO occupants means that they either choose, or cannot afford to own a car. Consequently they require access to good levels of public transport and local facilities.
- 5.3 In order to meet Local Plan policy BH7's criterion a) good access to public transport. Good is not specifically defined in the policy or its justification. Public Transport Accessibility Level (PTAL) of 4 has historically been defined as 'good'. However, for the purposes of this SPD, a HMO's PTAL *must* be a minimum of 3 when considered against Transport for London (TfL) PTAL methodology. This minimum for HMOs is consistent with that of the development plan's priority locations for more intensive residential development, i.e. London Plan Policy H1 and Brent Local Plan Policy BD2. TfL produces an [interactive map](#) on its website showing a location's PTAL. The map's outputs are by one hundred metre squares. In some cases the map may not show an accurate result and in such cases the applicants may, using the PTAL methodology, be able to show that a site is achieving PTAL 3 or above. Appropriate evidence from transportation consultants will be expected to be provided to demonstrate this.
- 5.4 The access to local amenities part of criterion a) essentially focuses on a range of facilities being reached, reasonably conveniently, through a relatively short walk. 400 metres as set out in the policy is roughly a five minute walk. The range of facilities will need to be capable of meeting a range of day-to-day needs. This for instance is likely to be found in a typical neighbourhood parade, such as retail, a food and drink offer, hairdressers, pharmacies and other services. They should not comprise for example a single facility, such as a small retail premises. Where the HMO is in PTAL 4 or higher, greater flexibility will be allowed in relation to the 400 metre proximity. This is as the quality of public transport links to alternative town centres with a very wide range of amenities is likely to be good.

Parking

- 5.5 Prioritising HMOs in PTAL 3 or higher locations ensures greater likelihood that their residents will not require a car. London Plan Policy T6.1 identifies that purpose-built large scale Sui-Generis residential uses such as HMOs are required to be car free. This will be the Council's starting point. However, Local Plan Appendix 4 identifies that up to one space per 10 rooms might be acceptable in some circumstances. Where allowed, these spaces would be reserved for a single identified car for specified individual households that require disabled parking. Apart from those with the single identified car benefitting from parking, all other HMO households will be required to be car-free. This means that they will not be able to gain residents' parking permits within existing or future controlled parking zones (CPZ). In heavily parked areas not subject to a CPZ, large-scale HMOs will also be expected to contribute financially toward future CPZ implementation.
- 5.6 Consistent with policy BT2 where off-street parking is part of the development, the Council will require the:
- a) preservation of any means of enclosure, trees or other features of a forecourt or garden that make a significant contribution to the building's setting and character of the surrounding area; and
 - b) provision of adequate soft landscaping (in the case of front gardens 50% coverage), permeable surfaces, boundary treatment and other treatments to offset adverse visual impacts and increases in surface water run-off.
- 5.7 Given the low level of parking provision allowed for HMOs, it is likely that either dedicated on-site parking, or hard-standing used for parking related to a previous use will be surplus to requirements. There is an expectation that interventions to stop their on-going use will be secured in order to reduce potential parking standard contraventions. This will either be through removal/ re-purposing or physical measures to block their use and the removal of existing footway crossovers at the developer's expense. London Plan Policy G5 applies an Urban Greening Factor score of 0.4 for HMOs. This is a challenging target. In many cases it is anticipated this will result in the replacement of existing hardstanding, such as no longer appropriate parking space, with green infrastructure.
- 5.8 To encourage cycling by occupants and their visitors, HMOs will need to meet the cycle parking standards as outlined in London Plan policy T5. This is for one long stay space per occupant. For visitors it is two spaces for HMO's with five or more residents. The quality of their provision will need to be consistent with the latest London Cycling Design Standards.

b) Acceptable quality and standards

Room sizes and layout

- 5.9 In order to meet Local Plan policy BH7's criterion b) there is an expectation that HMOs will be of an acceptable standard in terms of meeting the needs of occupants. This section sets out a range of sizes and standards for individual households and shared communal facilities.

Bedrooms

- 5.10 Bedrooms within HMOs often comprise the sole private living space for occupants. As such, they are more likely to be occupied for greater periods than bedrooms for households in self-contained dwellings. This is more so if no

communal amenity space is provided. It is therefore important that they are adequately sized, and meet occupant needs. Currently, housing licensing guidance on room size standards diverges slightly below new dwelling requirements. Minimum size and widths for new dwellings are set out in London Plan Policy D6 Housing quality and standards.

- 5.11 From a planning perspective, given the importance of the rooms as private spaces to HMO occupants, the London Plan D6 net internal floorspace standards are considered the minimum acceptable to gain planning permission. These are 7.5m² (minimum width 2.15m) for a single and 11.5m² for a two person room (minimum width 2.55m wide). This does not include space for en-suite facilities. To contribute towards the floorspace, floor to ceiling heights have to be above 1.5 metres. In addition, overall 75% of the room has to be a minimum ceiling height of 2.14 metres (or 2.5 metres in new build). Entrance lobbies or corridors within rooms under 1.2 metres width will not count towards room sizes. This could also be true of areas of such a shape that they are essentially unusable.
- 5.12 From a planning perspective, a formal designated space for kitchen facilities in bedrooms is not considered appropriate. Such kitchen facilities, plus en-suite bathroom/ toilet facilities have historically been provided in rooms by HMO landlords. This is because for the purposes of housing benefit entitlement, it can be considered a 'self-contained' dwelling. Notwithstanding that occupiers may have the potential to share other facilities in the property with other households, over time, such HMOs can creep further towards eventually being regarded as lawful self-contained dwellings in planning legislation. This often results in unsatisfactory homes, which ordinarily would not be granted planning permission. Consequently, the Council will attach suitable conditions to any HMO permission, limiting the potential for the incorporation of kitchen facilities within bedrooms.
- 5.13 Bedrooms must be well designed to maximise the usable internal circulation space. They must have at least one window providing adequate light (as a guide glazed areas of 1/10th of the floor area of the room can be sufficient) and aspect, and be accessible via a communal corridor space. They should also have sufficient ventilation (passive preferred/ mechanical where necessary). Bedrooms must not be accessed from communal space such as kitchens, dining or living rooms. They must not be the only potential route for the property's other residents to gain access to rear communal outdoor amenity space, or for means of escape relied upon in an emergency.
- 5.14 Rear ground floor bedrooms or bedrooms on other floors that have windows facing directly onto communal outdoor amenity spaces must have a sufficient defensible space between them and that amenity space. This is to provide sufficient privacy to the room's occupants.
- 5.15 Only bedrooms and no other communal spaces can be used as sleeping accommodation. Each bedroom will have the number of intended residents identified on a plan. The number of residents will be subject to planning conditions for the lifetime of the HMO.
- 5.16 Bedrooms should contain suitable sized furniture, including a bed, bedside table, desk and chair, chest of drawers and wardrobe (more detailed size standards are set out in London Housing Design London Plan Guidance).

Water closets

- 5.17 En-suite water closet (WC) and personal washing facilities are encouraged where possible within bedrooms for use by individual households. Individual sinks within bedrooms that are not part of an en-suite facility are however, not considered appropriate. Where a resident has no access to private facilities, shared facilities are required. One separate room WC shall be provided for every five occupants. This must have an associated suitable hand basin. Minimum room dimensions are: 1.3 x 0.9m. Not less than 50% of WCs should be in separate rooms to personal washing facilities.

Personal washing

- 5.18 Personal washing facilities should ideally be for each household. As a minimum, however, this must be the case for every five occupants without separate facilities. This should be in the form of a separate shower (minimum 0.8 x 0.8m cubicle) room within minimum room dimensions of: 1.6m x 0.9m. Each shall be provided with a suitable hand basin and constant supplies of hot and cold water. Communal facilities must be accessed from a common hallway and not be more than one floor distance from any household that does not have individual private facilities. All of these facilities should be separated from, and not open immediately onto, a kitchen.

Kitchen space

- 5.19 For every 3 households, or 5 people (whichever is the lower) a kitchen space of at least 5.5m² is required. A single kitchen can be doubled up to meet the minimum space to accommodate no more than 6 households or 10 people. However, this is usually the maximum allowed from one facility. Where doubling up occurs, facilities such as cookers, basins and food preparation areas must be sufficiently separated to allow their concurrent use. Any additional kitchens needed must follow the same rules.
- 5.20 In conversions of existing multi-storey dwellings (up to 3 storeys including loft), kitchens should only be on the ground floor. This is to allow the potential easy conversion of the property back to a family dwelling. Within new purpose built accommodation, kitchens should be no more than one storey from any bedroom. Each single kitchen set must have:
- a) Kitchen sink and drainer
 - b) Cooking facilities (minimum 4 ring hob with grill and oven) and refrigerator/ freezer
 - c) Worktop and storage
 - d) Sufficient power sockets
 - e) Refuse storage receptacles of sufficient size to be able to support separation for waste streams to maximise recycling.

Shared indoor amenity space

- 5.21 By providing sufficient communal amenity, the HMO can better meet the needs of its occupants. It will provide space for them to congregate and spend time together. This will improve social integration. It will also reduce the need for occupants to congregate outside in the public realm, which may otherwise affect the amenity of neighbours. These spaces can be for dining, living rooms, general recreation (games) and work space.
- 5.22 Overall taking into account of the minimum kitchen space set out above, it is expected that a minimum 5m² of internal communal amenity space will be provided per resident. To maximise the perception of space, and its utility, it may

be beneficial to cluster some communal spaces together within an open plan arrangement.

- 5.23 Nevertheless, separation can also have its advantages. For example, a better opportunity to work from home but not within a bedroom might need some separation from likely noisier space such as a kitchen or living room. As such, additional shared amenity space should either be provided as separate rooms or in the case of dining area or possibly a lounge space/ recreational area added to the kitchen. Where in the kitchen or as a separate dining space, a suitable sized table with the number of chairs matching the people it will accommodate must be provided. For a lounge/ living room, a range of seating should be provided to accommodate the number of occupants it is designed for. All communal areas must have adequate natural light and ventilation.
- 5.24 For up to five people, a minimum 11m² amenity space is required. For 6-10 people this is 16.5m². When incorporated into a kitchen space, this would be required in addition to the minimum kitchen space requirements.

Laundry facilities

- 5.25 Laundry facilities are a good practical enhancement for occupants. An 8kg capacity washing machine should be provided for the use of every 6 households/ 10 occupants. This can be provided within the kitchen. In order to reduce unnecessary energy use an outdoor hanging space should be made available. This should be one rotary line per 3 households/5 occupants and not significantly compromise the use of the outdoor amenity space when in use. Where outdoor areas cannot accommodate drying, dedicated indoor space for internal drying is necessary or alternatively one condensing tumble dryer per 10 residents. Ideally such facilities will also be provided to account for inclement weather conditions where outside drying may be compromised.

Building accessibility

- 5.26 To better meet needs, policy D7 of the London Plan seeks to ensure new build homes and other facilities such as visitor accommodation cater for those with more limited personal mobility. This usually seeks a proportion of the homes (all new build) or rooms to meet mobility standards, or be suitable for easy conversion to wheelchair standard (10%). Most HMOs are likely to be limited in their capacity to deliver this requirement. This is because for the most part, they are likely to be changes of use/ conversions of existing residential properties, rather than new build.
- 5.27 Where HMOs are new build, the same standards will apply as those for new build dwellings set out in Policy D7. All rooms must be M4(2) 'accessible and adaptable dwellings' compliant. For changes of use/ conversion of existing dwellings, applications proposing less than 10 occupants are encouraged to make properties as accessible as possible. This is particularly so for any bedrooms proposed at the ground floor level, or those dwellings that have access available via a lift.
- 5.28 For all applications with 10 or above occupants, at least one bedroom per 10 occupants will be expected to be accessible. An accessible kitchen/ amenity space and bathroom must also be provided on the same floor as the bedroom. In such HMOs, access to the property and internal communal circulation space on the same level as the bedroom must also be to an accessible standard.

Outdoor Amenity Space

- 5.29 Similar to private residential dwellings, there is an expectation through Local Plan Policy BH7 that residents of HMOs will have access to a suitably sized and laid out outdoor amenity space. This space should also be subject to a management regime that ensures it is well maintained and usable all year around.
- 5.30 Policy BH13 essentially requires a minimum of 20m² per dwelling normally, with 50m² for 3 bed homes with ground floor living accommodation. In HMOs, as the majority are anticipated to be former single household dwellings, amenity space is typically expected to be provided at ground floor. In these, the BH13 standard of a minimum 20 m² will normally be sought, and if for more than 10 occupants will be expected to provide an additional 2m² for each occupant. If provided on other floors, a minimum 6m² should be provided, with an additional 2m² for each occupant where there are more than three occupants. The space should be square or rectangular to allow it to be more flexible and usable for a variety of purposes. A minimum of 3 metres is required for ground floors amenity space. Elsewhere a minimum of 1.5 metres wide, although more generous widths are encouraged. The space should also be of a high standard, with high levels of amenity, receiving sunlight for part of the day and sufficient privacy to make it comfortably usable. It is likely that this space will also have to contribute towards achieving the Urban Greening Factor (addressed in more detail in paragraph 5.37).
- 5.31 To enable unimpeded access to the outdoor amenity areas, they should be made adjacent to, and directly accessible from, the communal living areas, unless specifically dedicated to single households.

c) Management agreements

- 5.32 As identified, currently all HMOs are expected to be mandatory or additionally licensed by the Council's Private Rented Sector housing team. This sets out a range of behaviours expected from the Council by landlords and their tenants. This includes items that, if not adhered to, have the potential to adversely impact on neighbours and neighbourhoods. These comprise:
- a) The number of occupiers/ households;
 - b) Tenancy management, including matters such as terms of occupation, tenant references, complaints, anti-social behaviour prevention and action when it does occur; and
 - c) Property management, including for external areas, refuse and waste, repairs, compliance works and pest control.
- 5.33 Although these issues are important to occupiers and neighbours, the range and depth of detail on the matters they cover are not normally issues considered for a planning application. They can also be subject to change, due to the legislation associated with them (such as properties subject to mandatory licensing), their discretionary nature (such as additional licensing) and the fact the Council can change the terms of the licence. As a planning authority, the Council will focus on matters that are necessary to ensure if planning permission is granted, it ensures that the development is acceptable for occupiers and neighbours for the duration of the time the property remains a HMO.
- 5.34 As stated in paragraph 5.15, the Council will condition the number of occupants as part of the planning permission. Ideally, closer co-operation between the housing and planning functions will ensure that the housing licence occupant

number will match this. In the event that the planning permission number is lower, in order to not be subject to planning enforcement action, the HMO must not breach the planning permission occupancy number condition.

- 5.35 In terms of management agreements, it will also seek submission of the following:

Tenancy management:

- a) information on how reasonable and practical actions to prevent or reduce anti-social behaviour by occupiers or their visitors will be taken;

Property management:

- b) procedures to ensure that internally and externally all parts of the property are in clean condition, good order, maintained and a decent state of repair and decoration.

- 5.36 Ideally this information will be submitted in association with the application, so it is clear to the Council and neighbours how matters will be dealt with. The Council will ensure that before the development is allowed to be occupied, the property has an agreed suitable management regime.

c) Demonstrates a Brent specific need

- 5.37 As identified, HMOs perform an important part in housing people within the borough. Ideally, their need would be limited by an alternative availability of plentiful amounts of affordable self-contained dwellings for smaller households. In the short to medium term, however, this is unlikely to occur. On this basis, HMO accommodation that meets non-specialised needs (a range of which are addressed in Policy BH7), will not be expected to evidence a particular specific Brent need in association with any planning application.

- 5.38 Nevertheless, HMO accommodation has historically and is still likely to compete for the same properties with families who also need 3 bedroom dwellings or larger. The need for this family accommodation (54% of all need for additional dwellings) is also significant within the borough. This unmet need for family homes within the borough will be balanced against the quality of the HMO being provided. Where the Council considers that this quality is not sufficiently high, through not complying with the requirements of this SPD, it is more likely to tilt the balance in favour of retaining the premises as a family dwelling.

d) Spatial Distribution

- 5.39 The Brent Local Plan through Good Growth Objective 1 Strong and Inclusive Communities, criterion a) seeks to support mixed and balanced communities. Local Plan policy BH7 seeks to prevent an over concentration of HMOs within an area. Criterion e) sets out they should constitute no more than 3 of the 10 nearest properties to the proposed HMO. For this purpose, a property is considered the whole HMO building, and not the individual rooms within. This limit is measured taking the nearest front entrances when walking from the front door of the application property. For instance, this is likely to exclude properties that share a rear garden boundary with the application property. Within blocks of flats, each self-contained individual flat is regarded as one property. Where the application property is a flat, flats on the same floor are counted first within the ten.

External Waste Storage

- 5.40 Due to the increased number of inhabitants, HMOs often result in the production of larger amounts of waste than a typical dwelling. There are no specific requirements for suitable size facilities or places to store this waste effectively. It can therefore become a nuisance to neighbours, and a general blight to the street scene. To ensure this is mitigated, all bins must be contained within an attractively designed shelter for storage and collection in accordance with principle 5.3 of SPD1. The design should be in keeping with local character, blending seamlessly into the surrounding environment. This should be easily accessible by residents and waste collection services, and be compliant with local waste authority guidelines: [Waste and Recycling Storage and Collection Guidance for Residential Properties](#). The application should also be accompanied by a suitable waste management plan which indicates how responses to poor waste practices from tenants (including other resultant impacts such as pest infestations) will be actioned to ensure compliance.

Urban Greening Factor

- 5.41 As part of improving green infrastructure provision, London Plan Policy G5 Urban Greening Factor sets out that, primarily residential schemes, should score 0.4. Additional green infrastructure will assist in delivering a wide range of benefits, including increasing bio-diversity, reducing the urban heat island effect, reducing potential surface water run-off, improving air quality and improving the psychological well-being of people. There is a London Plan Guidance note on the [Urban Greening Factor](#) (UGF) that sets out practical methods for how a development can achieve the appropriate UGF. In addition, Policy BGI1 Green and Blue Infrastructure in Brent expects all development to achieve a net gain in biodiversity. Meeting the 0.4 UGF score may be one way in which improvements to biodiversity can be made on site.

External alterations

- 5.42 Any external alterations which are required as a result of conversion to HMO will need to be in accordance with [SPD2](#) (Residential Extensions and Alterations). If the site is located within a Conservation Area, the proposals will also need to align with any [Conservation Area Design Guides](#).

Figure 1 Summary of HMO Requirements

(Note: as a summary lack of inclusion in this table does not mean that issues need not be addressed as sought in preceding parts of the SPD).

HMO Feature	Requirement	Minimum standards
Location	Must have good access to public transport	A minimum score of 3 when considered against Transport for London (TfL) PTAL methodology
	Must have good access to amenities, including shops	Normally a range of facilities meeting day to day needs within 400 metres, although where PTAL 4 or higher is achieved greater flexibility on distance will be allowed
Parking	Must meet vehicle parking standards	Car free will be the starting point, up to one space per 10 occupants may be acceptable for identified disabled occupiers Contribution to CPZ for large-scale proposals where one doesn't exist.
	Must address vehicle parking impacts	Removal of unnecessary parking associated with the previous use of the building with physical interventions to stop their use and removal of footway crossovers. Preservation of any means of enclosure, trees or other features of a forecourt or garden that make a significant contribution to the building's setting and character of the surrounding area
		Provision of adequate soft landscaping (in the case of front gardens minimum 50% coverage), permeable surfaces, boundary treatment and other treatments to offset adverse visual impacts and increases in surface water run-off
	Must meet cycle parking standards	Provide electric car charging points for any vehicle parking spaces One long stay space per occupant. For visitors it is two spaces for five or more residents. The quality of their provision will need to be consistent with the latest London Cycling Design Standards.
All rooms, shared spaces and outdoor spaces	Must be of an acceptable standard in terms of meeting the needs of occupants.	Should include detailed drawings that shows how the rooms, shared spaces and outdoor spaces can be used including furniture provided and circulation space.

HMO Feature	Requirement	Minimum standards
Bedrooms	Must meet minimum size standards	Single person - 2.15m wide & 7.5m ² floorspace Two people - 2.55m wide & 11.5m ² floorspace
	Must not be accessed via the main communal amenities areas	
	Must have adequate light and outlook	At least one window (should be equivalent to minimum 10% of room size) in an external wall and sufficient privacy/ defensible space where the bedroom is facing any outdoor communal amenity space.
	Bedrooms should be well designed	Maximise internal circulation space and furnished (including bed, bedside table, desk and chair, chest of drawers and wardrobe), taking account of their role/ availability of communal amenity space.
	Must not contain kitchens or designated cooking facilities	
	Must not be an access route for others to communal amenities or means of escape.	
	Must be the only places where people can sleep in the premises Must not provide sleeping accommodation to more people than agreed by the Council	Layout plan must identify number of occupants
Water closets (WC)	Each bedroom should have an en-suite WC	Min 1.3m x 0.9m (can be combined with personal washing facilities if overall room size is 2.5m ²)
	There must be a minimum of one WC for every 5 occupants who don't have access to a private WC	Min 1.3m x 0.9m (can be combined with personal washing facilities if overall room size is 2.5m ²)
	Not less than 50% of shared WCs must be in separate rooms to personal washing facilities.	Min 1.3m x 0.9m
	Should not be accessed immediately from a kitchen.	Must be sufficiently distanced from any food preparation area if accessed from a kitchen.
Personal washing facilities	There must be a minimum of one facility for every 5 occupants	1.6m x 0.9m room with a 0.8m x 0.8m shower cubicle and separate hand basin
	Each household should have private en-suite facilities	1.6m x 0.9m room with a 0.8m x 0.8m shower cubicle and separate hand basin

HMO Feature	Requirement	Minimum standards
Kitchen	Must meet minimum space standards per 3 households or 5 occupants (whichever is lower)	5.5m ² per kitchen space. Those serving more people can be combined subject to sets of facilities being sufficiently distanced to allow concurrent use but should not be for more than 6 households or 10 occupants (whichever is lower) per kitchen. In non-new build purpose build accommodation (i.e. change of use/conversion of existing dwelling) provision of kitchens on upper floors is not encouraged, to allow for easier change of use back to a single family sized dwelling.
	Must be suitably equipped	<ul style="list-style-type: none"> a) 1m kitchen sink unit with drainer b) Cooking facilities (4 ring hob with grill and oven) c) 1m x 0.6m of worktop d) Lockable food storage 0.3 m² - 0.4m² per household and 0.15m² refrigerator/ freezer e) Four power sockets in addition to supply for fixed equipment f) 0.6m x 0.6m and refuse storage receptacles of sufficient size to be able to support separation for waste streams to maximise recycling.
Laundry	Must provide a washing machine	8kg capacity for every 6 households or 10 occupants (whichever is lower)
	Must provide outdoor drying facilities where an outdoor amenity space is available	One rotary line per 3 households/ 5 occupants that don't significantly compromise the external amenity space.
	Must provide indoor drying facilities where an outdoor amenity space is not available	Internal drying lines or one condensing tumble dryer per 10 residents.
	Should provide indoor drying facilities in times of inclement weather.	Internal drying lines or one condensing tumble dryer per 10 residents.

HMO Feature	Requirement	Minimum standards
Communal indoor amenity	Must provide a communal lounge/ living room in addition to a dining space, that meet minimum space standards	Including minimum kitchen space provision, communal internal amenity spaces (dining, lounge/living room, recreation space, workspace) should be 5 m ² per occupant Minimum space for lounge/ living room area or dining area: Up to 5 occupants 11m ² 6-10 occupants 16.5 m ² Within a kitchen or separate dining space must contain a suitable sized table and sufficient chairs to serve all occupants in one sitting. For living room must contain sufficient soft chairs all occupants Should contain desk space/ homeworking capability.
	Must be functional in design and layout	Plans should be sufficiently detailed to include furniture provided and circulation space.
Outdoor amenity	Must meet minimum space standards	Normally a minimum of 20sq.m. where delivered at the ground floor, plus 2m ² for each occupant where more than 10 occupants. Elsewhere be a minimum of 6m ² with 2m ² per additional occupant where there are more than 3 occupants. All spaces should be a minimum of 3m wide on ground floors and 1.5m wide on non-ground floors, although more generous widths are encouraged.
	Space must be functional, typically being either square or rectangular in shape	Plans should show be sufficiently detailed to practicality of use.
	Must be directly accessible from a communal living area, unless for the exclusive use of a household. Must be of a high standard, with high levels of amenity, receiving sunlight for part of the day and sufficient privacy.	Clarity on maintenance regime must be set out in the management plan.
Accessibility	Where new build	All rooms must be M4(2) 'accessible and adaptable dwellings' standard
	For changes of use/ conversions	Less than 10 occupants should make properties as accessible as possible
	10 or more occupants	Must provide at least 10% of bedrooms as M4(3) wheelchair accessible

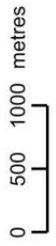
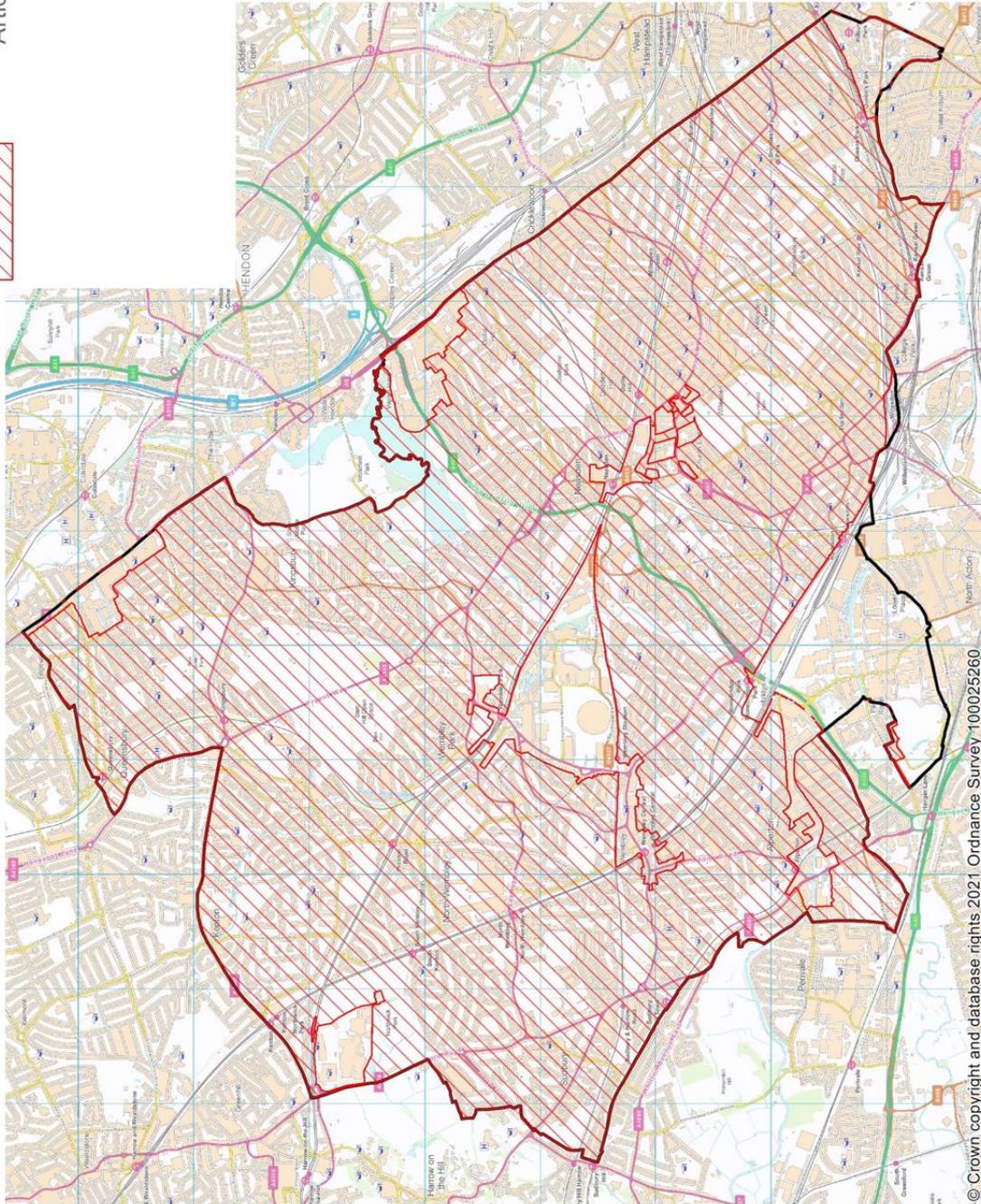
HMO Feature	Requirement	Minimum standards
		Floors with M4(3) wheelchair accessible dwellings must include the minimum communal space required (circulation, kitchen, amenity space, W/C and personal washing, outdoor amenity) as wheelchair accessible spaces
All communal facilities	Must be accessible via a common hallway	
	Should demonstrate how the communal spaces meet these requirements and function as a whole to meet the needs of the occupants Each household should not be more than 1 floor distance away from each type of communal facility-exceptions will be made for where the HMO results from a change of use/ conversion of an existing dwelling.	
Concentration within an area	Must not result in an over-concentration	No more than 3 of the nearest 10 properties are HMOs
Tenant behaviours	Must be subject to a tenancy management plan.	Information on how reasonable and practical actions to prevent or reduce anti-social behaviour by occupiers or their visitors will be taken.
Property management	Must be subject to a property management plan	Sets out procedures to ensure that internally and externally all parts of the property are in clean condition, good order, maintained and a decent state of repair and decoration.
External waste management	Must be fit for purpose and subject to a waste management plan	All waste receptacles must be contained within an attractively designed shelter for storage and collection and easily accessible by residents and waste collection services. It must be compliant with local waste authority guidelines: Waste and Recycling Storage and Collection Guidance for Residential Properties . The waste management plan must indicate how responses to poor waste practices from tenants (including other resultant impacts such as pest infestations) will be actioned to ensure compliance.

Brent Houses in Multiple Occupation (HMO) SPD

HMO Feature	Requirement	Minimum standards
Urban Greening Factor	Must achieve the residential urban greening factor score.	0.4 score for the whole site.
External alterations	Must be in accordance with requirements of SPD2 Residential Alterations and Extensions.	

Appendix A – Extent of Article 4 Direction restricting conversion of conventional dwellings (use class C3) to small HMO's (use class C4)

Article 4 Boundary



1:50000

17 September 2021