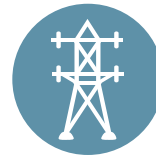


EASTBOURNE

Borough Council



Eastbourne Houses in Multiple Occupation Development Plan Document (HMO DPD)



REGULATION 18 VERSION | JULY 2024



Eastbourne

Houses in Multiple Occupation Development Plan Document (HMO DPD)

Regulation 18 Consultation Version

July 2024

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The Draft Eastbourne Houses in Multiple Occupation Development Plan Document (HMO DPD) is published under Regulation 18 of the Town & Country (Local Planning) (England) Regulations 2012 (as amended) for an 8-week consultation period between 2nd August 2024 and 27th September 2024.

The document can be viewed and downloaded, and comments can be made through the on-line consultation portal, which can be accessed via:

www.lewes-eastbourne.gov.uk/HMO-Planning



Table of Contents

| | | |
|----------|---|-----------|
| 1 | Introduction | 1 |
| | Why is the HMO DPD being prepared? | 1 |
| | What will the HMO DPD do? | 2 |
| | How will the HMO DPD be prepared? | 2 |
| 2 | Context | 4 |
| | What is an HMO? | 4 |
| | Policy Context | 6 |
| | National Policy | 6 |
| | Local Policy | 7 |
| | HMOs in Eastbourne | 10 |
| 3 | Issues | 14 |
| | Impacts | 14 |
| | Key Issues | 15 |
| | Need for low-cost accommodation | 15 |
| | Maintaining balanced communities | 16 |
| | Cumulative impacts of concentration | 17 |
| | Amenity of Neighbouring Occupiers | 18 |
| | Living Standards | 18 |
| | Public Realm | 19 |
| | Access to services and facilities | 19 |
| | Tourism Economy | 20 |
| | Environmental standards | 20 |



| | | |
|----------|---|-----------|
| 4 | Policies | 21 |
| | HMO1: Houses in Multiple Occupation | 21 |
| | HMO2: Concentration | 26 |
| | Local Level concentration..... | 27 |
| | Street-level concentration..... | 28 |
| | HMO3: Neighbourhood Amenity | 29 |
| | HMO4: Standard of Accommodation | 32 |
| 5 | Other Matters | 38 |
| | Licensing | 38 |
| | Building Regulations | 38 |
| | Counting HMOs in housing delivery..... | 39 |
| | Council Tax | 39 |
| | Certificate of Lawful Development | 39 |
| 6 | Monitoring Framework | 41 |
| 7 | Appendices | 42 |
| | Appendix 1– Glossary..... | 42 |
| | Appendix 2– Superseded policies..... | 45 |



INTRODUCTION

- 1.1. Eastbourne Borough Council is preparing a Houses in Multiple Occupation (HMO) Development Plan Document (DPD) to provide updated planning policy requirements for proposals involving new or converted HMOs in order to address issues associated with this type of housing.
- 1.2. Once adopted, the HMO DPD will form part of the Development Plan for Eastbourne, alongside other planning policy documents such as the Eastbourne Core Strategy Local Plan. The HMO DPD will replace relevant policies within the existing local plan that specifically relate to determining planning applications for HMOs.

Why is the HMO DPD being prepared?

- 1.3. HMOs form an important part of the housing mix within Eastbourne as they increase the range and mix of accommodation, particularly for those on lower incomes. However, over recent years there has been growing concern that a proliferation of HMOs, particularly in concentrated areas, has led to adverse impacts on local communities. The Council is seeking to take intervention actions through the planning system to address the impacts caused by HMOs in the town.
- 1.4. The existing local plan policy that specifically relates to HMOs is saved Policy HO14: Houses in Multiple Occupation from the Eastbourne Borough Plan 2001-2011 (adopted in 2003). It is considered that this policy is no longer fit for purpose as it does not reflect the existing situation in regard to the quantity of HMO accommodation and the resulting impacts.
- 1.5. Eastbourne Borough Council had been progressing a new local plan, with an Issues & Options consultation in 2019 and a Growth Strategy consultation in 2022, both undertaken under Regulation 18. This new local plan would contain new policies relating to HMOs. However, work on the local plan is taking longer to progress than anticipated and coupled with uncertainties around the introduction of a new plan making system, the Council will not be in a position to submit its plan under the current national framework.
- 1.6. Therefore, the HMO DPD is being prepared to introduce new planning policy in advance of the new local plan and before the deadline for submitting plans under the current framework. The HMO DPD will balance the need for HMO accommodation to provide much needed new housing options, whilst seeking to address concerns relating to the proliferation of HMOs and the impacts that this



has on residents and local communities, particularly in areas of high concentration.

- 1.7. Alongside the HMO DPD, the Council is seeking to introduce an Article 4 Direction that removes permitted development rights for small HMOs, to ensure that these are also subject to new planning policy. Although consultation on the HMO DPD and Article 4 Direction are aligned, please note that the Article 4 Direction is subject to a separate consultation process and is not being consulted on through this document.

What will the HMO DPD do?

- 1.8. This HMO DPD aims to provide a policy approach to proposals for HMOs that will provide greater control over when, where and how new HMO accommodation comes forward in future, in order to mitigate impacts and improve the standard of accommodation.
- 1.9. It is expected that the HMO DPD will contain policies that predominantly relate to the change of use or conversion of existing properties into HMOs. The HMO DPD will:
- Explain what an HMO is in planning terms and how this relates to the need to apply for planning permission
 - Summarise the current situation with regard to HMOs in Eastbourne and their impacts
 - Identify the key issues that the HMO DPD needs to address
 - Provide a suite of policies to help assess planning applications relating to HMO, and provide guidance on how policies should be applied
 - Identify how the Council will monitor the effectiveness of the HMO DPD
- 1.10. The HMO DPD will only apply to the Eastbourne local planning authority area (i.e. the area of Eastbourne Borough outside of the South Downs National Park).

How will the HMO DPD be prepared?

- 1.11. The HMO DPD is predominantly informed by evidence from the Eastbourne HMO Study (2024) and the Eastbourne Local Housing Needs Assessment (2024).

- 1.12. This document sets out our initial thoughts on what the HMO DPD should contain and represents the first stage of introducing new planning policy as part of the plan preparation process. It is subject to public consultation in accordance with Regulation 18 of the Town & Country Planning (Local Planning) (England) Regulations 2012 (as amended).
- 1.13. This consultation on the HMO DPD asks local residents and other stakeholders to comment on the proposed approach, whether they consider that the correct option has been taken, and whether there are any other options that should have been considered. The consultation questions that are contained through the document are as follows:
- Are there any other issues that we need to consider?
 - Do you agree with the approach set out in Policy HMO1? Are there any other options that we should consider?
 - Will Policy HMO2 be effective in addressing concentration? If not, are there any other approaches to concentration that we should consider?
 - Will Policy HMO3 be effective in mitigating impacts on the amenity of neighbours? Are there other options for achieving this?
 - Will Policy HMO4 ensure that a good standard of accommodation in new HMOs and is it achievable? Are there any other approaches that should be considered?
- 1.14. The anticipated timetable for the production of the HMO DPD is outlined in Table 1.

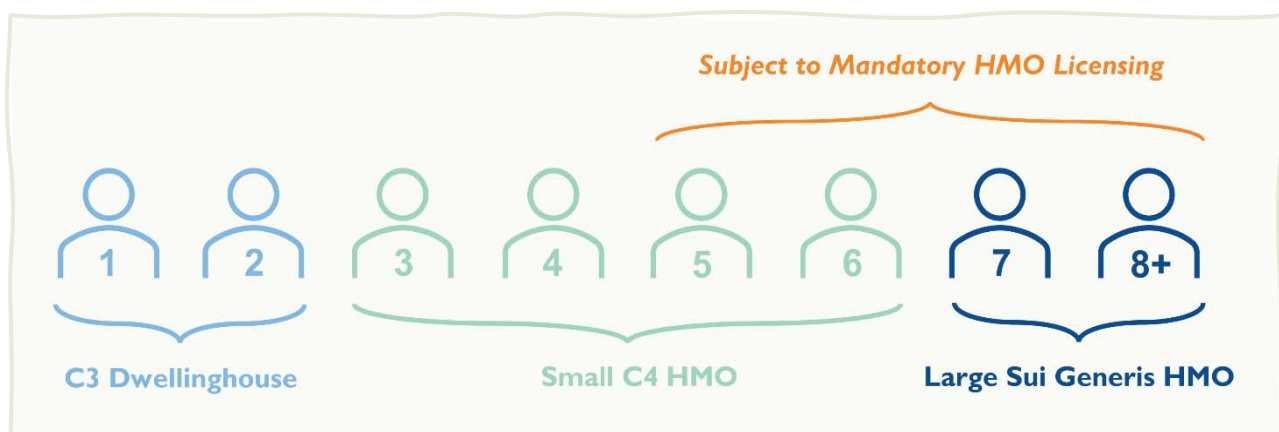
Table 1 - Timetable for production of HMO DPD

| Stage | Timescale |
|--|-----------------------|
| Public consultation on Preparation of a local plan (Reg. 18) | August-September 2024 |
| Publication of a local plan (Reg. 19) | February 2025 |
| Consultation relating to a local plan (Reg. 20) | February-March 2025 |
| Submission of documents to the Secretary of State (Reg. 22) | June 2025 |
| Consideration of representations by appointed person (Reg. 23) | July-December 2025 |
| Independent Examination (Reg. 24) | September 2025 |
| Publication of the recommendations of the appointed person (Reg. 25) | December 2025 |
| Adoption of a local plan (Reg. 26) | February 2026 |

What is an HMO?


- 2.1. An HMO is a property that is occupied as a main residence by at least three people who are not part of the same household but share facilities such as a kitchen and bathroom, where the building does not entirely consist of self-contained flats (although it may include some self-contained flats), and rents are payable (or some other form of consideration) for at least one person's occupation¹.
- 2.2. Houses in Multiple Occupation (HMOs) are legally defined under sections 254 to 259 of the Housing Act 2004 (as amended). There are certain properties that are not classified as HMOs under Schedule 14 of the Housing Act 2004, including a property where the landlord and their household lives with up to two lodgers, and student accommodation managed directly by an educational establishment.
- 2.3. Planning use classes² recognise two types of HMO:
- 'small' HMOs of between three and six people who comprise more than one household sharing basic amenities such as the kitchen (within class C4 use)
 - 'large' HMOs of seven or more people who comprise more than one household sharing basic amenities such as the kitchen (Sui Generis)
- 2.4. Residential properties that are shared by two people who are not part of the same household are not considered to be HMOs and fall within class C3 use.

Figure 1 - Types of HMOs in Planning



¹ <https://www.gov.uk/find-licences/house-in-multiple-occupation-licence>

² [Town and Country Planning \(Use Classes\) Order 1987 \(as amended\)](#)

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- 2.5. Small 'C4' HMOs currently benefit from permitted development rights, meaning that a change of use from class C3 to class C4 could currently be implemented without the need for a planning application to be approved by the local planning authority.
 - 2.6. The Council is seeking to introduce an Article 4 Direction to remove these permitted development rights, which would mean that changes of use between class C3 and class C4 may need to seek planning permission from the local planning authority in certain circumstances, which would enable the policies in the HMO DPD to be used in assessing the application.
 - 2.7. Any proposals to create a new HMO in Sui Generis use, or a change of use to an HMO (large or small) from other uses such as a shop or office will normally require planning permission. Furthermore, changes within an existing HMO where new rooms for occupation are being created may also require planning permission.
 - 2.8. Under the Housing Act 2004, HMOs occupied by five or more people forming two or more separate households are required to apply for a HMO licence from the local authority, who are required to keep a register of such properties. The licensed HMO property must comply with certain standards and obligations for health and safety reasons, which the local authority enforces. This is known as mandatory licensing and is separate from planning legislation and requirements.
 - 2.9. As the mandatory licensing threshold does not align with the types of HMO recognised by planning legislation, HMOs on the register could be either a small 'C4' HMO or a large 'Sui Generis' HMO. Furthermore, not all small C4 HMOs would be included on the register as those occupied by three or four people would fall under the licensing threshold.


Policy Context

National Policy

- 2.10. The National Planning Policy Framework (NPPF) was most recently updated in December 2023, and sets out the Government's planning policies for England and how these should be applied. It identifies that the purpose of the planning system is to contribute to the achievement of sustainable development, including the provision of homes, commercial development, and supporting infrastructure in a sustainable manner.
- 2.11. The NPPF sets three overarching objectives, which are interdependent and need to be pursued in mutually supportive ways. One of these objectives is a social objective to support strong, vibrant and healthy communities by ensuring that a sufficient number and range of homes can be provided to meet the needs of present and future generations.
- 2.12. Whilst the NPPF does not itself contain any specific guidance on HMOs, it does identify that, in the context of boosting the supply of homes, it is important that a sufficient amount and variety of land can come forward where it is needed, that the needs of groups with specific housing requirements are addressed and that land with permission is developed without unnecessary delay. The overall aim should be to meet as much of an area's identified housing need as possible, including with an appropriate mix of housing types for the local community³.
- 2.13. Planning policies are expected to consider the size, type and tenure of housing needed for different groups in the community, including (but not limited to) those who require affordable housing; families with children; older people (including those who require retirement housing, housing-with-care and care homes); students; people with disabilities; service families; travellers; people who rent their homes and people wishing to commission or build their own homes⁴.
- 2.14. In the context of promoting healthy and safe communities, planning policies should aim to achieve healthy, inclusive and safe places and beautiful buildings which, amongst other things, promote social interaction, are safe and accessible

³ [NPPF, para 60](#)

⁴ [NPPF, para 63](#)



so that crime and disorder (and the fear of crime) do not undermine the quality of life or community cohesion, and enable and support healthy lifestyles⁵.

- 2.15. Furthermore, planning policies should promote an effective use of land in meeting the need for homes and other uses, while safeguarding and improving the environment and ensuring safe and healthy living conditions⁶. They should also seek to create places that are safe, inclusive and accessible and which promote health and well-being, with a high standard of amenity for existing and future users; and where crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion and resilience⁷. In this context, the NPPF identifies that planning policies may make use of the nationally described space standard, where the need for an internal space standard can be justified.
- 2.16. The nationally described space standard⁸ defines minimum levels of Gross Internal Area (GIA) that should be provided for new residential development, based on the number of bedrooms provided and level of occupancy, suitable for all tenures. It also identifies that in order to provide one bedspace, a single bedroom needs to have a floor area of at least 7.5 sqm be at least 2.15m wide.
- 2.17. The NPPF identifies government guidance on design as being contained within the National Design Guide and National Model Design Code. The National Design Guide⁹ confirms that well designed homes and communal areas within buildings provide a good standard and quality of internal space. This includes room sizes, floor-to-ceiling heights, internal and external storage, sunlight, daylight and ventilation. The quality of internal space needs careful consideration in higher density developments, particularly for family accommodation, where access, privacy, daylight and external amenity space are also important.

Local Policy

- 2.18. The Eastbourne Core Strategy Local Plan 2006-2027 was adopted in February 2013. It sets out the spatial vision, objectives and strategic planning policies for the future development of Eastbourne up to 2027. The HMO DPD will be required to be in conformity with the Core Strategy.


⁵ [NPPF, para 96](#)


⁶ [NPPF, para 123](#)

⁷ [NPPF, para 135](#)

⁸ [Technical housing standards – nationally described space standard \(2016\)](#)

⁹ [National Design Guide, para 126](#)

- 
- 2.19. The Core Strategy identifies ten 'Key Spatial Objectives' with a focus on sustainability that form the basis of the strategy. This includes an objective to ensure that the diverse needs of local communities are delivered, having regard to the sustainability and capacity of each neighbourhood, the infrastructure needed and the opportunities to meet requirements.
- 2.20. Policy B1: Spatial Strategy and Distribution identifies that over the plan period, Eastbourne should provide for 5,022 new residential units and 55,430 m² of employment floorspace. It identifies two 'Sustainable Centres' (the Town Centre and Sovereign Harbour) as priority locations for balanced housing growth alongside new employment land and community facilities to cater for increased growth and improve their sustainability as neighbourhoods.
- 2.21. Policy B2: Creating Sustainable Neighbourhoods seeks to improve the sustainability of neighbourhoods by addressing the issues specific to the individual communities and encouraging links between the neighbourhoods. It expects development proposals to:
- Meet the needs of the local community and address issues specific to that neighbourhood;
 - Protect the residential and environmental amenity of existing and future residents;
 - Create an attractive, safe and clean built environment with a sense of place that is distinctive and reflects local character;
 - Offer a choice of housing and employment opportunities locally;
 - Respect the natural environment by adapting to climate change and reducing potential negative environmental impacts;
 - Provide services and facilities locally within reasonable walking distance of the local residents; and
 - Encourage sustainable modes of transport and create good connections between neighbourhoods.
- 2.22. The Core Strategy contains a number of policies relating to different themes in order to assist in delivering the strategy.
- 2.23. Core Strategy Policy D1: Sustainable Development sets a presumption in favour of sustainable development and requires all development to be sustainable and constructed, and to take into account the principles of sustainable development,



including ensuring a balanced mix of uses that work together encouraging sustainable living; and reducing the opportunities for crime and the fear of crime using Secured by Design principles.

- 2.24. Core Strategy Policy D3: Tourism and Culture identifies the importance of the entertainment, cultural and sports facilities to the economic prosperity of Eastbourne, and supports the preservation and enhancement of these through measures including resisting the loss of visitor accommodation through the retention of a tourist accommodation area and protection policy; and supporting the appropriate upgrading of existing hotels and holiday accommodation to provide improved facilities for visitors as well as supporting proposals for additional accommodation in the sustainable centres.
- 2.25. Core Strategy Policy D5: Housing identifies that proposals for housing should be in accordance with the approach set out in Policy B1: Spatial Development, with a focus of delivering housing within the sustainable centres and sustainable neighbourhoods and must take appropriate account of the need identified in the most up-to-date strategic housing market assessment with particular regard to size, type and tenure of dwellings.
- 2.26. In protecting the historic environment, Core Strategy Policy D10: Historic Environment sets a presumption in favour of protection of all heritage assets from inappropriate change. Policy D10A: Design expects new development to make a positive contribution to the appearance of the townscape and urban heritage.
- 2.27. The Eastbourne Borough Plan (2001-2011) was adopted in 2003 and the majority of policies were saved indefinitely in 2007. Some of the strategic planning policies were replaced by the Core Strategy Local Plan and several others were revoked alongside the adoption of the Town Centre Local Plan in 2013.
- 2.28. Saved Borough Plan Policy HO14 specifically addresses HMOs. This policy generally supports the establishment and retention of HMOs, provided that they comply with residential, visual and environmental amenity considerations. However, it does specify that HMOs will not be permitted in the Tourist Accommodation Area.
- 2.29. The Tourist Accommodation Area is defined through Saved Borough Plan Policy TO1, as identified in Figure 2. Policy TO1 identifies that, within the tourist accommodation area, planning permission will be refused for proposals which are incompatible with the tourist accommodation use, and in considering proposals for development within this area, regard will be made to the different lifestyles and

special requirements of tourists. This consideration will include: the effect on residential and visual amenity; the likely hours of operation; and safety and security implications.

Figure 2 - Tourist Accommodation Area (Saved Borough Plan Policy T01)



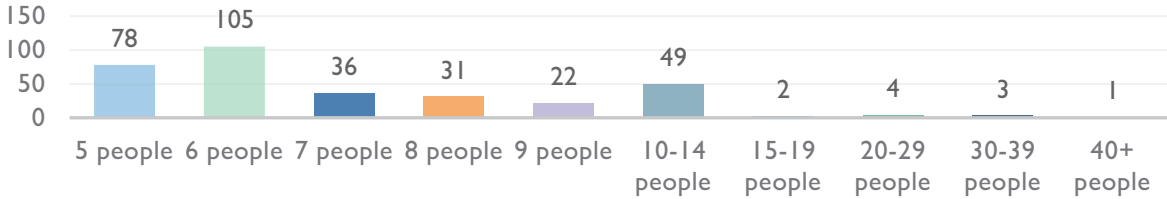
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2.30. The Borough Plan policies relating to HMOs were adopted in 2003, and therefore do not accurately represent the situation in 2024. The HMO DPD will need to review and update policies based on contemporary evidence, including the need for HMO as a type of housing accommodation, and the impacts that HMOs have on communities and the local economy.

HMOs in Eastbourne

2.31. As of April 2024, there were 331 licensed HMOs recorded on the HMO Register. However, it is likely that there will also be other small C4 HMO in Eastbourne that are not currently identified as they fall below the mandatory licensing threshold and consequently do not appear on the HMO Register.

Figure 3 – Number of Licensed HMOs by Maximum Number of People Permitted



Source: Eastbourne HMO Register (April 2024)

2.32. As illustrated in Figure 3, over 55% of licensed HMOs have a maximum permitted occupancy of six people or less, which would indicate that these are small C4 HMOs. It is likely that most of these HMOs would have been created through conversion of residential properties. Whilst large Sui Generis HMOs may have previously been residential properties, many of these are likely to have been created from non-residential conversions.

2.33. A comparison between the number of bedrooms in licensed HMOs and the maximum permitted occupancy indicates that bedrooms within licensed HMOs are more likely to be single occupancy rooms.

Figure 4 - All Licensed HMOs in Eastbourne (April 2024)

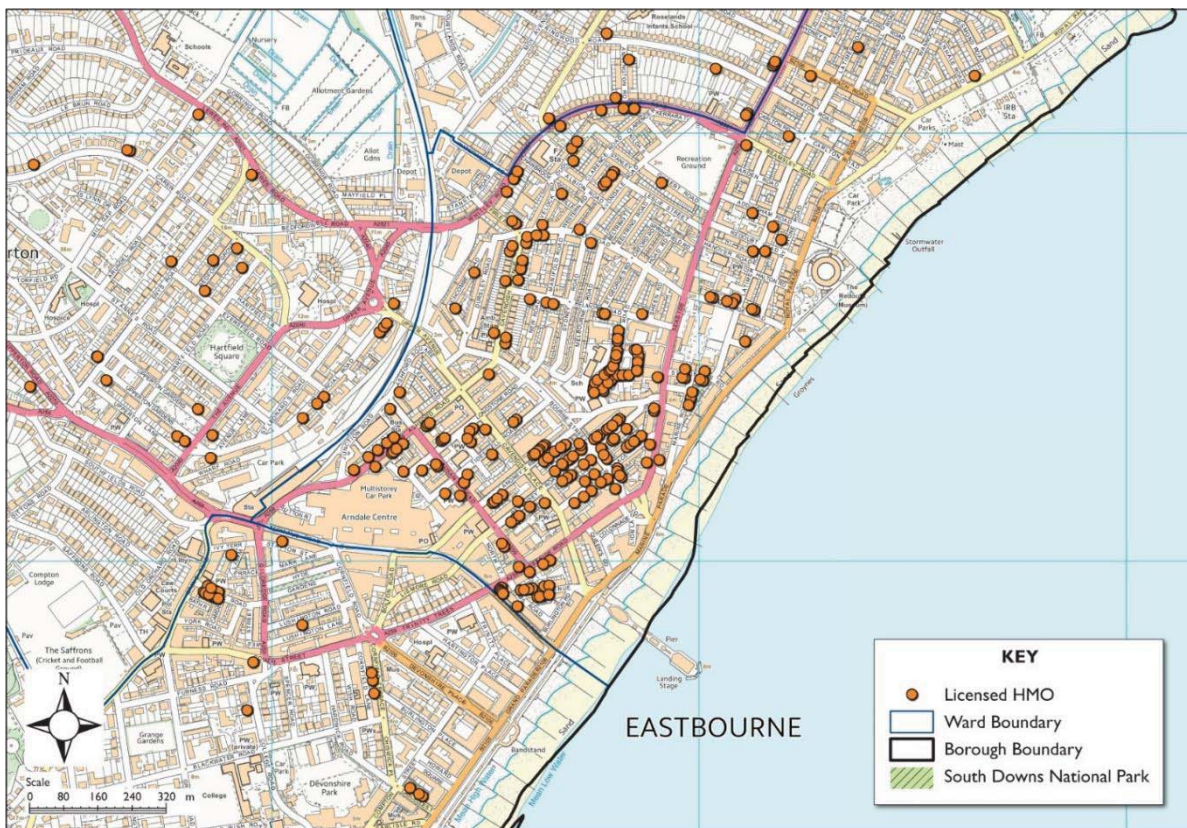


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Source: Eastbourne HMO Register (April 2024)

2.34. Licensed HMOs in Eastbourne are predominantly found in areas close to the Town Centre, with very limited numbers of HMOs in more peripheral neighbourhoods (Figure 4 and Figure 5). Within areas where HMOs are present, there are significant levels of clustering, particularly to the east of the Town Centre. Index of Multiple Deprivation (IMD) data shows that most of Eastbourne’s HMOs are located in the Borough’s more deprived areas overall.

Figure 5 - Licensed HMOs in area to the east of the Town Centre



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Source: *Eastbourne HMO Register (April 2024)*

2.35. Table 2 shows the distribution of licensed HMOs by ward. Nearly 74% of licensed HMOs are located within the Devonshire ward, The remaining HMOs are mostly found in Meads ward and Upperton ward (each containing around 10% of Eastbourne’s HMOs), with small numbers also located in St Anthony’s Ward and Old Town ward (each containing under 5% of Eastbourne’s HMOs). The remaining wards in Eastbourne have just one or no recorded HMOs within their boundary.

Table 2 - Licensed HMOs by Ward (April 2024)

| Ward | Number of Licensed HMOs | % of Licensed HMOs |
|--------------|-------------------------|--------------------|
| Devonshire | 244 | 73.7% |
| Hampden Park | 0 | 0.0% |
| Langney | 1 | 0.3% |
| Meads | 34 | 10.3% |
| Old Town | 8 | 2.4% |
| Ratton | 0 | 0.0% |
| Sovereign | 0 | 0.0% |
| St Anthony's | 13 | 3.9% |
| Upperton | 31 | 9.4% |
| Total | 331 | 100.0% |

Source: Eastbourne HMO Register (April 2024)

- 3.1. It is recognised that HMOs form an important part of the housing mix within the town as they increase the range and mix of accommodation, especially for people whose housing options are limited, such as young professionals, students and people on low incomes who are unable to afford or access their own self-contained accommodation. Demand for this type of smaller and cheaper accommodation is likely to be impacted by current circumstances in relation to rises in the cost of living and pressure on wages and benefits. This is particularly relevant because the Council has declared a 'cost of living emergency' and a 'housing emergency' within recent years.
- 3.2. However, HMOs have the potential to negatively impact on communities in terms of the standard of living environment for other local residents and businesses, particularly where there are high concentrations of HMOs in a specific area. In addition, it is acknowledged that there are contributory factors associated with a high turnover of HMO residents; the concentration of HMO residents facing economic hardship (amongst a wider community that faces hardship also); and the higher proportion of HMO residents living with mental health/complex needs. Together, these factors can result in detrimental effects on the character of local communities and neighbourhoods, and perceptions around increased levels of anti-social behaviour and petty crime. Additionally, unkempt properties that are not properly maintained impact on the amenity of an area and can adversely impact community cohesion.

Impacts


- 3.3. HMOs, particularly where they exist in high concentrations, can have detrimental effects on their occupants and neighbouring residents as well as on the broader community, housing market and economy, particularly in coastal towns like Eastbourne.
- 3.4. The Eastbourne HMO Study identifies key potential impacts of HMOs, particularly in concentration:
- Internal condition of property
 - External condition (e.g. public-facing areas, gardens, fences, walls)
 - Condition of streetscape / appearance of neighbourhood (e.g. litter, cumulative effect of badly kept properties)
 - Additional stress on infrastructure (e.g. waste, parking, traffic)
 - Loss of alternative forms of accommodation (e.g. family housing)

- Provision of low-cost housing
- Increased population density
- Concentration of vulnerable groups and potential for social exclusion
- Anti-social behaviour of occupants (e.g. noise, crime)
- Population churn / transience
- Sense of community cohesion (e.g. loss of familiar settled families, lower community engagement among HMO occupants)
- Increased pressure on local services (e.g. NHS, social care)
- Knock-on impacts on economy (e.g. tourism)

Key Issues

Need for low-cost accommodation

- 3.5. HMOs play a valuable and distinctive role in the Eastbourne housing market by providing the smallest and lowest cost accommodation available, particularly for people whose options may otherwise be limited, especially from an affordability perspective. Therefore, HMOs can attract various occupant groups, from students and professional house sharers to low-income workers, single people relying on housing benefits and individuals placed in emergency temporary accommodation.
- 3.6. By offering a flexible and low-cost housing option, HMOs are able to help meet the unmet demand for affordable rented housing and those requiring temporary accommodation placements, as well as a range of self-funding household types. The Eastbourne Local Housing Needs Assessment (2024) indicates that the need for affordable rented housing is equivalent to 174 homes per year, but the nature of the land supply in Eastbourne and viability challenges means that it is likely that there will be a large and persistent undersupply of affordable rented accommodation into the future.
- 3.7. Rooms in HMOs in Eastbourne are significantly cheaper than self-contained alternatives, and therefore they provide accommodation for single-person households who are on the waiting list for affordable rented housing, or who cannot afford to rent on the market without support. The HMO Study indicates that the potential market for HMOs in Eastbourne is approximately 10,540 households or 22% of the total number of households in the Borough. The 'Cost of Living Emergency' and 'Housing Emergency' declared by Eastbourne Borough




Council highlights the impacts that affordability issues are having on households and their housing options.

- 3.8. The future need for HMO accommodation is likely to be influenced by unpredictable market condition and trends, but overall there is expected to be increasing demand, driven primarily by economic factors, limitations in the supply of affordable housing and policy changes around homeless people. In particular, demand from low income working people is likely to remain robust due to low unemployment, high inflation and the health of key market segments such as care workers. Increased future demand is further indicated by the rising rent levels charged for HMO rooms over recent years, as demand remains higher than supply.
- 3.9. In the context of the important role that HMOs play and the expected on-going demand for this type of accommodation to house people whose options may otherwise be limited, there could be significant adverse consequences from overly restricting the future supply of HMOs. Therefore, planning policy should support opportunities for increasing housing options by providing HMOs, however only where the impacts of doing so can be appropriately mitigated.


Maintaining balanced communities

- 3.10. It is important that planning policy seeks to maintain mixed and balanced communities and provide for a range of housing needs. A balanced community offers a variety of housing types that meet the needs of different people.
- 3.11. The Local Housing Needs Assessment (2024) notes that the existing size mix of housing in Eastbourne is skewed towards smaller homes than the sub regional averages: 50% of homes in Eastbourne in 2021 had 1-2 bedrooms. This feature has been exaggerated by recent development with 81% of homes delivered since 2011 having 1-2 bedrooms. 17% of homes in Eastbourne are 1-bedroom, compared with a national average of 11.6%. The data further identifies that Eastbourne is especially characterised by a high number of flats at around 36% of the housing stock, which is much higher than regional and national levels.
- 3.12. HMOs are usually relatively large residential properties but tend to function as the smallest dwellings in the market, meaning that they effectively add to the 1-bedroom equivalent stock that is already plentiful in Eastbourne. Whilst there is a future need for smaller 1-bed equivalent accommodation, this is more limited compared to the future need for mid-sized and larger family housing.

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- 3.13. The Eastbourne Local Housing Needs Assessment (2024) found that Eastbourne's dwelling mix would benefit from diversification toward family-sized housing where possible. However, the limited land available for development in Eastbourne and the nature of the sites that do come forward for residential development present difficulties in significantly increasing the stock of family-sized homes. This is illustrated by the housing delivery since 2011, where just 19.1% of new homes contained 3-bedrooms or more.
- 3.14. In areas where the supply of large family dwellings is relatively low, the conversion of such properties to HMOs worsens the imbalance and conflicts with the housing needs of other groups. Data from Census 2021 indicates that wards with the highest number of HMOs (Devonshire, Meads and Upperton) also have the highest percentages of 1-bedroom homes, and lowest percentages of 3 or more bedroom homes in Eastbourne.
- 3.15. In order to help increase housing mix and demographic balance within communities, the addition of further HMO accommodation when achieved through the conversion, and therefore loss, of existing large family homes needs to be restricted, particularly in areas where there is a lack of family-sized accommodation available. Therefore, it would be appropriate to resist the loss of family-sized housing when it would be replaced by 1-bed equivalent accommodation in the form of HMOs in areas where there is already a good level of supply.

Cumulative impacts of concentration

- 3.16. Evidence suggests that it is not necessarily individual properties that create the impacts associated with HMOs, but a concentration of HMOs that compounds many of the impacts identified. Furthermore, a concentration of HMOs can exacerbate issues that may already exist within local communities.
- 3.17. A large number of HMOs are located in the Town Centre and areas immediately surrounding. However, a Town Centre location is potentially the most sustainable location for HMO uses, given its existing densities, deprivation levels, and the ease of access to employment and services relied upon by occupants. Therefore, it is more relevant to consider concentration of HMOs at the scale of more localised areas and specific streets.
- 3.18. The HMO Study notes that a small number of issues are directly caused by current concentrations of HMOs, with clear correlations between HMO concentration and deprivation indicators, particularly crime and anti-social



behaviour. The residents' survey produced statistically significant results about differences in the experience of people living in areas of high and low HMO concentration. Survey evidence suggests that people living in areas with high proportions of HMOs experience slightly lower rates of safety, trust and overall satisfaction with their neighbourhoods, and behavioural issues appear to be the key concern of local people.


- 3.19. In addition, the concentration of HMOs increases the number of vulnerable people within a local area, adds to parking and other infrastructure pressures, and contributes to high levels of population churn.
- 3.20. On this basis, ensuring the existing concentrations of HMOs are not added to, or new concentrations are not created, is a key issue for the HMO DPD.

Amenity of Neighbouring Occupiers

- 3.21. Increased population density as a result of concentration of HMOs can create increased noise, activity and disturbance for neighbouring occupants. This is exacerbated by high resident churn in HMOs due to the more transient nature of HMO occupants and shorter minimum tenancies. It would be expected that large HMOs that are occupied by greater number of people would have a more significant impact than smaller HMOs.
- 3.22. This can have an impact of residential amenity for occupiers, both neighbours and also other occupants within the HMOs themselves, which can impact upon the quality of life of neighbouring occupiers and have the effect of reducing community cohesion and sense of community. Therefore, it is appropriate for the HMO DPD to seek mitigation measures to ensure that the amenity of neighbouring occupiers is not adversely affected.

Living Standards

- 3.23. Poor quality homes can have significant implications on the physical and mental wellbeing of occupants, which disproportionately affects those already experiencing deprivation. Evidence from the HMO Study indicates that it is people living in HMOs themselves are seemingly impacted the most by any issues of condition of HMO properties.
- 3.24. The quality of accommodation in HMOs can cause issues in relation to health and deprivation, and it is important that the residential amenity of existing and future residents is properly protected. Internal layouts and the intensity of use in terms



of the number of occupants is properly considered to ensure that occupants of HMOs are provided with sufficient internal and external space to provide a decent standard of accommodation.

Public Realm

- 3.25. The HMO Study indicates that HMOs do have an impact on the public realm in relation to the condition of streetscape and appearance of neighbourhood. This is particularly in relation to the impacts of inadequate waste collection and storage facilities, and the knock-on impacts such as pests and highway safety.
- 3.26. Car parking has also been identified as an issue within areas where there are high concentrations of HMOs, although it is likely that HMO are exacerbating an existing issue rather than causing the issue.
- 3.27. HMO properties often require more maintenance and repairs as higher levels of occupancy and activity can lead to increased wear and tear. This means that the external appearance of HMOs is often less well-kept than other properties, and concentrations of HMOs can damage the visual amenity and character of surrounding areas. This is particularly relevant as a significant proportion of HMOs, and particularly areas of concentration, are located within Conservation Areas within Eastbourne.

Access to services and facilities

- 3.28. Generally, there are lower levels of car ownership among renters and those with lower incomes, which suggests that occupants of HMOs are less likely to run a car. However, the provision of parking is often an issues associated with HMOs, due to higher population density. This means that it is important that HMO are only provided within sustainable locations where there is good access to services facilities, thereby reducing the need for a car.
- 3.29. The Town Centre is potentially the most sustainable location for HMO uses, given the ease of access to employment and services relied upon by occupants. However, there are other locations in the town that have good access to services and facilities and public transport provision that may also make sustainable locations for HMOs, and therefore new HMOs should be directed to areas with these good accessibility characteristics.



Tourism Economy

- 3.30. Tourism is an important part of the local economy of Eastbourne. The Borough Plan and Core Strategy designates a Tourist Accommodation Area (TAA) where tourist accommodation is most likely to be located, to ensure that development does not adversely impact the viability of tourist accommodation and therefore the tourism economy.
- 3.31. Buildings in tourist accommodation use can generally be easily converted into HMO because most of the space is already in the form of self-contained bedrooms. The impact on hotel revenues of the COVID-19 pandemic, energy costs and wider cost-of-living pressures potentially makes conversion to HMO an attractive proposition for buildings currently used for tourist accommodation.
- 3.32. The impacts associated with HMOs, particularly the anti-social behaviour and visual amenity, means that HMOs are a significant threat to the attractiveness of the seafront. The presence of HMOs in the prime tourist areas does not portray a positive image of the destination, and could adversely impact the visitor experience, and therefore significantly affect the tourist economy.

Environmental standards

- 3.33. In 2019, Eastbourne Borough Council declared a 'Climate Emergency' and committed to working in close partnership with local groups and stakeholders to deliver a carbon neutral town by 2030.
- 3.34. The HMO Study identifies that the average HMO in Eastbourne tends to have a lower energy performance rating than the average non-HMO. Occupants of HMOs are more likely to have lower incomes and therefore would be greater risk of fuel poverty and unhealthy living conditions as a result of not being able to warm their rooms appropriately.
- 3.35. Therefore, it is appropriate that the HMO DPD seeks to ensure that new HMOs incorporate measures to reduce carbon emissions and improve energy efficiency.

Consultation Question 1:

Are there any other issues that we need to consider?

- 4.1. The following policies set out key decision making criteria for determining the following types of planning application:
- Changes of use involving large HMOs of more than 6 people (sui generis), where there is a material change of use;
 - Changes of use from other uses (e.g. Class E uses) to C4 HMO or sui generis HMO.
 - Changes of use from a class C3 (dwellinghouse) to class C4 HMO where permitted development rights have been withdrawn via an Article 4 Direction;
 - New build HMOs;
 - Intensification of an existing HMOs, either through extensions or increases in permitted occupancy, particularly where the level of occupancy is controlled.

HMO1: Houses in Multiple Occupation

- 4.2. The overall strategy for how proposals for HMOs will be considered is set out in Policy HMO1: Houses in Multiple Occupation. This policy takes a positive approach to HMOs considering the anticipated future need for this type of accommodation, whilst seeking to address the potential impact of such development upon their surroundings and to ensure that mixed and balanced communities are maintained across the town.

Policy HMO1: Houses in Multiple Occupation


In order to maintain mixed and balanced communities and provide for a range of housing needs, proposals for the creation of new HMOs and extensions to existing HMOs (including increase in occupancy) will be supported where it can be demonstrated that:

- it would not result in the loss of class C3 dwellinghouses of less than 120 sqm gross internal area (as originally constructed)
- it is located within reasonable walking distance of local services and facilities and public transport provision
- it would not increase the concentration of HMOs to unacceptable levels (see Policy HMO2)
- it would not have an adverse impact on the amenity of neighbouring properties or the character of the area (see Policy HMO3)
- it would provide satisfactory living conditions for the intended occupiers (see Policy HMO4)
- the development will incorporate measures to reduce carbon emissions and improve energy efficiency.


Planning permission will be granted for the conversion of class C4 and sui generis Houses in Multiple Occupation to self-contained dwellinghouses (class C3).


Proposals for HMOs will not be permitted within the Tourist Accommodation Area

- 4.3. It is recognised that HMOs play a valuable and distinctive role in the Eastbourne housing market by providing the smallest and lowest cost accommodation available that caters for the housing needs of specific groups, from students and professional house sharers to low-income workers, single people relying on housing benefits and individuals placed in emergency temporary accommodation.
- 4.4. Due to the ongoing need for this type of accommodation, there could be significant adverse impacts of overly restricting the supply of HMOs, particularly given the limited capacity for development in Eastbourne compared with future housing need and challenges associated with delivering new affordable housing.

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- 4.5. However, this needs to be balanced with the potential harm that can arise from such development if they are not subject to control. Therefore, Policy HMO1 allows for the creation of new HMOs, but seeks to ensure that any new HMOs only come forward in appropriate locations where the impacts are minimised and mitigated to ensure that this type of housing can continue to be provided in a way which supports mixed communities, whilst preventing impacts on character and amenity.
- 4.6. When HMOs are created through the conversion of Eastbourne's relatively scarce and much-needed family housing, the need for smaller and more affordable accommodation is sub-optimally met at the expense of other household needs. Although there is a need for the smallest sized accommodation, future housing demand in Eastbourne is expected to be highest for mid-sized and larger family housing, and the characteristics of development in Eastbourne mean that there are limited opportunities to provide additional housing of this type. Therefore, it is considered appropriate to restrict the loss of 3-bed and 4-bed family homes to HMOs that provide 1-bed equivalent accommodation, particularly as future residential development opportunities are most likely to meet this need. On this basis, it is also considered appropriate to allow changes of use from HMO to self-contained family homes.
- 4.7. The nationally described space standard¹⁰ indicates that the minimum gross internal floor area (GIA) for a 4-bed home would be between 90 sqm and 130 sqm. It is considered that 120 sqm GIA would be an appropriate threshold for indicating that a property would be considered as a 'family home', and therefore the policy would restrict the loss of class C3 dwellings of less than 120 sqm GIA to HMO use. The size of the property should be calculated as originally built, and therefore not taking into account any more recent extensions to the property.
- 4.8. Whilst car ownership is generally lower amongst the most common types of HMO occupant, the number of individuals within HMOs means that car ownership associated with an HMO property can be an issue, which has the potential to exacerbate pressure on parking in surrounding areas. Ensuring that HMOs are located within areas that have good accessibility to local services and facilities means that occupants are less likely to require a private car, and those that do not own cars can still access public transport, employment and the services that they require on a day-to-day basis.

¹⁰ [Technical housing standards – nationally described space standard \(2016\)](#)

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- 4.9. Reasonable walking distances are considered to be within 800m (10 minute walk) of a designated shopping area and within 400m (5 minute walk) of public transport provision (e.g. bus stop).
 - 4.10. High concentrations of HMOs within a geographical area can cause a number of negative impacts on the local community and can exacerbate issues that already existing within local areas. These issues include the character and appearance of the neighbourhood (particularly through the cumulative effect of poorly maintained properties), additional stress of infrastructure such as refuse storage and parking, the anti-social behaviour and disturbance caused by noise and activity as a result of increased population density, a concentration of vulnerable groups and potential for social exclusion and impacts on community cohesion due to a more transient population.
 - 4.11. With some notable exceptions, it is not individual properties but concentration that creates or compounds many of the impacts identified. Planning policy can seek to address some of these issues through interventions that avoid levels of geographical concentration. Therefore, it is appropriate for planning policy to seek to limit the provision of new HMOs in areas where there are already high concentrations. Policy HMO2 sets out in more detail how concentration will be assessed.
 - 4.12. Proposals involving HMOs should also seek to mitigate their potential impacts through ensuring that consideration is given to how they can minimise or avoid impacts on the amenity of neighbouring properties or the character of the area and ensuring that newly created HMOs do not give rise to significantly greater levels of noise and disturbance to occupiers of nearby residential properties than would a single family dwelling of equivalent size.
 - 4.13. Appropriate mitigation measures will need to be put in place to limit the impacts on the residential amenity of neighbouring occupiers, with particular consideration given to the size of the HMO and therefore the likely scale of the impact on neighbours. A condition restricting the number of occupants may be attached to permissions where it is deemed necessary to ensure that no further harmful intensification will occur. Policy HMO3 provide further detail on this.
 - 4.14. HMO occupants themselves are impacted by many of the issues associated with HMOs, particularly in relation to the internal condition of the properties. The quality of accommodation in HMOs can cause issues in relation to health and deprivation, and therefore it is important that HMO occupiers are provided with a good standard of accommodation through ensuring appropriate layout, room



sizes, communal space, external amenity space, privacy and security. This is addressed further through Policy HMO4

- 4.15. HMOs are also generally less efficient than the non-HMO housing stock, and the nature of HMO occupiers, usually on lower incomes, means that improving the energy efficiency of existing buildings can help address issues of fuel poverty.
- 4.16. Eastbourne Borough Council has declared a climate emergency, with an ambition to be a carbon neutral town by 2030. Domestic uses are the most significant contributor to carbon emissions in Eastbourne¹¹, and fuel consumption is greater for residential properties with larger numbers of bedrooms, particularly properties with 5-bedrooms or more¹².
- 4.17. The conversion or change of use to HMOs offers opportunities to introducing measures to achieve low carbon, energy efficient, renewables and energy performance as part of development proposals, which will assist with addressing the Council's climate emergency and cost of living emergency.
- 4.18. Eastbourne's seafront is one of the town's most important assets and is a defining feature of the resort. It is the one of the main focal points for Eastbourne's tourism industry, which is an important economic driver for the town.
- 4.19. Within the designated Tourist Accommodation Area, it is important that uses that are incompatible with the tourist accommodation uses are resisted in order to ensure that tourist accommodation remains viable.
- 4.20. The evidenced impacts of HMOs, including anti-social behaviour, the external condition of properties, parking and waste collection amenities is a significant threat to the attractiveness of the seafront, and are likely to make areas less desirable to visitors and deter guests of nearby hotels. This could create a domino effect of reducing viability of tourist accommodation and encouraging further conversions to HMO. The presence of HMOs in the prime tourist areas does not portray a positive image of the destination, and could adversely impact the visitor experience, and therefore it appropriate to restrict provision of HMOs within the defined tourist accommodation area.

¹¹ Department for Business, Energy & Industrial Strategy, Carbon dioxide emissions by sector (2020)

¹² Department for Business, Energy & Industrial Strategy, Fuel consumption by number of bedrooms (2019)

Consultation Question 2:

Do you agree with the approach set out in Policy HMO1? Are there any other options that we should consider?

HMO2: Concentration

- 4.21. It is not individual properties but concentration of HMOs that creates or compounds many of the impacts associated with this type of housing. In order to maintain and support mixed and balanced communities and minimise the impacts associated with HMOs, restrictions will be placed on the creation of HMOs in areas where there is an existing concentration.


Policy HMO2: Concentration

Proposals for the creation of new HMOs and extensions to existing HMOs (including increase in occupancy) will not be supported if the site is within an area with a high concentration of existing HMOs.

Areas with a high concentration of HMOs are defined as where a proposal for an HMO would result in:

- **More than 10% of residential buildings within 100m radius being HMOs;**
or
- **Any residential property (C3 use) being ‘sandwiched’ between two HMOs;**
or
- **A continuous frontage of three or more HMOs immediately adjacent to each other**

- 4.22. Given the important role HMOs play as part of the housing offer, it is not the aim of this policy to prevent new HMO accommodation coming forward, but instead to ensure that potentially harmful concentrations do not arise. It could be expected that patterns of supply and demand will change over time, which means it would not be appropriate to designate specific areas as areas of high concentration. Furthermore, restricting HMO supply in one neighbourhood may prompt landlords to examine adjoining areas, displacing the concentration. The assessment of concentration through this policy takes this into account so that it can be flexibly




applies to ensure that existing concentrations are not added to, and new concentrations do not arise.

- 4.23. Through Policy HMO2, concentration will be assessed at both a local level through a percentage threshold within the surrounding area, and at a street-level through the location of HMOs in adjacent and neighbouring properties.
- 4.24. In assessing concentration, existing HMOs will be identified through:
- HMO Register – HMOs that have a ‘mandatory’ licence, or an ‘additional’ licence in the event that the discretionary additional licensing scheme is implemented in future
 - Planning Consents – properties that have planning consent for a class C4 use or a Sui Generis HMO use, as well as extant permissions that have not yet been implemented
 - Lawful use certificates – properties where a certificate of lawful use has been issued to confirm its lawful use as an HMO
- 4.25. It is considered that these sources will provide the best approach to identifying the numbers and location of HMOs in an area, although it is accepted that it may not be possible to identify all properties of this type. There may be existing HMOs which are occupied but unknown to the Council. The data will be analysed to avoid double counting, for example, identifying where a property may be listed as a licensed HMO and have sui generis HMO planning consent. Furthermore, HMOs defined under Section 257 of the Housing Act that do not fall under the planning definition of HMO will not be included within the count.

Local Level concentration

- 4.26. To assess local level concentration, the numbers of HMOs surrounding the application site will be calculated as a percentage of the total number residential properties within 100 metre radius.
- 4.27. The 100 metre radius is considered to be representative of the local area of an HMO. In assessing planning applications for new HMOs, a circle with a radius of 100 metres should be drawn from the location of the main external doorway entrance to the proposed HMO.
- 4.28. Within this 100 metre radius, the number of residential properties should be counted. Blocks of flats or subdivided properties should be counted as one



residential property, and commercial uses, such as retail or office units, should be excluded from the count. Where there are flats located above a commercial use, this should be counted as one residential property. At the edge of the 100 metre radius, any residential property will be included in the calculation where any part of its curtilage, including the property boundary, falls within the radius.

- 4.29. The policy sets the threshold at 10%, meaning that planning permission for new HMOs should not be granted where more than 10% of neighbouring residential properties are already in HMO use. The 10% threshold is based on evidence from the National HMO Lobby¹³ that this is the tipping point for the number of HMOs within balanced communities and is widely used as a threshold for HMO concentration across the country.

Street-level concentration

- 4.30. The ‘sandwich test’ is required in order to avoid the potential for negative impacts commonly associated with the introduction of HMOs on both sides of an existing residential property. Such impacts are a particular issue where properties share a party wall or are in very close proximity to each other. It is therefore considered appropriate to restrict situations where an existing residential property would have an HMO located in adjacent properties on both sides.
- 4.31. Furthermore, an application that would result in three or more adjacent HMO properties would result in a high concentration that would have an unacceptable impact on the local area.
- 4.32. An ‘adjacent property’ is considered to be any property that shares one or more boundaries with the application boundary. For example, in any streets, this would include the immediate neighbouring property or those where the rear garden is adjoining. It also includes situations where there are limited breaks in the building line, including across private or unadopted adjacent access tracks within the curtilage of properties. However, properties would not be considered ‘adjacent’ where there is a road separating properties.

¹³ [National HMO Lobby, Balance Communities & Studentification – Problems and Solutions \(2008\)](#)

Consultation Question 3:

Will Policy HMO2 be effective in addressing concentration? If not, are there any other approaches to concentration that we should consider?

HMO3: Neighbourhood Amenity


- 4.33. Any proposed change of use (or extension of) an HMO should not have an unacceptable impact on the levels of amenity for existing neighbouring residents. Therefore, this policy seeks to address the main impacts associated with HMOs on neighbourhood amenity.

Policy HMO3: Neighbourhood Amenity

Proposals for the creation of new HMOs and extensions to existing HMOs (including increase in occupancy) will be required to demonstrate that:


- **an appropriate level of off-street parking is provided, or where this is not possible, there is no detrimental impact on existing on-street parking**
- **appropriate provision for secure cycle parking at a rate of one cycle parking space per bedroom is made**
- **sufficient space for storage provision for waste / recycling containers appropriate to the number of occupants, has been made in a suitable enclosure area within the curtilage of the property**
- **any increase in activity associated with the HMO would not cause unacceptable noise and disturbance to neighbouring properties**
- **any external alterations or physical extensions to HMOs are high-quality design that responds to the character of the neighbourhood.**

- 4.34. The most common types of HMO occupant (private renters, students, those on benefits) tend to be less likely to own a car, although the higher levels of adult occupancy associated with HMOs means that there is potential for the number of cars associated with the property to be higher than for class C3 residences. Issues with parking are commonly cited as problems in areas where there are




high concentrations of HMOs, which suggests that HMOs are more likely to be exacerbating an existing issue. Therefore, it is appropriate to ensure new HMOs make adequate provision for a reasonable level of safe, accessible and convenient cycle and car parking to address the demand that they create.

- 4.35. Given that HMOs should be located in areas with good access to services and facilities, there will be an expectation that proposed HMOs will not generate significant need for additional car parking provision. East Sussex County Council's Guidance on Parking at New Development does not prescribe a level of parking that should be achieved from HMOs. East Sussex County Council's parking calculation tool can be used to indicate predicted parking demand, taking into account location, the size of development and the way that parking is provided.
- 4.36. Any proposed car parking off-street should not result in the loss of front gardens and/ or boundary walls, where this would detract from the existing street scene. Proposals that do not provide off-street parking should be accompanied by a parking capacity survey to demonstrate that there is sufficient capacity to accommodate the expected parking demand, undertaken in accordance with East Sussex County Council's Guidance on Parking at New Development.
- 4.37. To promote sustainable modes of transport, there will be a requirement of one bicycle parking space per bedroom proposed in the HMO. Cycle parking should be provided in an enclosed secure cycle store, subject to adequate space and locations being available in the external areas of the proposal site. This level of provision is consistent with East Sussex County Council's Guidance on Parking at New Development.
- 4.38. Waste storage facilities have been identified as an impact associated with HMOs, and issues with waste accumulation in particular are acute and widespread. A lack of bins may result in waste accumulation resembling fly tipping, which impacts upon the character and appearance of the area.
- 4.39. Owners of HMOs are responsible under HMO licensing regulations to ensure that suitable bin storage areas and sufficient waste receptacles are provided for the property. However, external inspections as part of the HMO Study identified a moderate number of HMOs that did not appear to have adequate waste storage.
- 4.40. Poorly managed bin storage can have an adverse impact on the street scene, and bins can also have impacts on highway safety when left on pavements. It is important that an appropriately sized space should be provided within the



curtilage of the HMO to enable the storage of waste and recycling containers. This should be large enough to store a minimum of one 240L refuse bin and one 240L recycling bin for HMOs with less than 10 occupants, and a minimum of two 240L refuse bins and two 240L recycling bin for HMOs with 10 occupants or more. In addition, it should be large enough to accommodate a minimum of one 23L outdoor food caddy in anticipation of the food waste collection service scheduled to begin during 2026. Bin storage should be provided in a way that does not have a negative impact on the character and appearance of the local area, and also facilitates frequent and easy household collection service.

- 4.41. Noise and disturbance from increased activity and movements associated with a number of individuals living as separate households has the potential to impact on the residential amenity of neighbouring occupiers. This should be addressed through the layout of the property and mitigation measures incorporated to ensure that impacts on neighbours are minimised. For example, the noise and activity levels of a communal area may have an impact on adjoining properties, so it would be appropriate to ensure that living rooms, kitchens or bathrooms are not adjacent to bedrooms in neighbouring properties.
- 4.42. It may also be appropriate to ensure that adequate noise insulation is provided to help reduce the noise impact, not only on adjacent properties, but also on other rooms within the HMO. Proposals for the development or intensification of HMOs may be also subject to building regulations requirements relating to sound reduction under Approved Document E: Resistance to the passage of sound, which provides guidance on sound proofing, including the transmission of sounds between walls, ceilings, windows and floors.
- 4.43. Proposals should also consider whether provision can be made for other sound reduction measures, such as the use of soft-closers on internal doors and external doors, replacement of door knockers with doorbells/keyless systems, and sound-deadening material on stair treads.
- 4.44. The NPPF notes that the creation of high quality, beautiful and sustainable buildings and places is fundamental to what the planning and development process should achieve. It requires that planning policies and decisions ensure that developments create places that are safe, inclusive and accessible, and which promote health and well-being, with a high standard of amenity for existing and future users. Therefore, external alternations and extensions to HMOs should be sensitively designed to take account of their surroundings.

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- 4.45. Furthermore, areas where there are high concentrations of HMOs often coincide with older parts of the town that are more likely to be designated as Conservation Areas. Therefore, it is important that development within these areas preserves or enhances the character, setting and appearance of the area, in accordance with Policy D10: Historic Environment and Policy D10A: Design in the Core Strategy.

Consultation Question 4:

Will Policy HMO3 be effective in mitigating impacts on the amenity of neighbours? Are there other options for achieving this?

HMO4: Standard of Accommodation

- 4.46. It is important that adequate living conditions are provided for occupants of HMOs. The Housing Act 2004 requires landlords of HMOs that meet certain criteria to apply for licences. This is a separate regulatory regime to planning and seeks to secure minimum standards of accommodation fit for human habitation such as fire safety standards and access to basic facilities such as a kitchen, bathroom and toilet. The planning system has a wider responsibility for ensuring that the quality of accommodation will provide more than the bare minimum by ensuring an adequate standard of living for occupants.

Policy HMO4: Standard of Accommodation


Proposals for creation of new HMOs and extensions to existing HMOs (including increase in occupancy) will be required to demonstrate that:

- **The size and layout of the building is suitable for the number of occupants proposed**
- **minimum room size standards are being met**
- **all bedrooms have at least one openable window providing adequate light and outlook**
- **bedrooms have independent access to communal areas and do not rely on access through another unit of occupation.**
- **shared internal communal space, kitchen and bathroom facilities that are appropriate to the number of occupants and sizes of rooms are provided**
- **private outdoor amenity space that is an appropriate size for the number of occupants is provided and affords privacy and security for occupants and neighbours**
- **all rooms are provided within adequate means of ventilation appropriate for the size and use of the room.**
- **sufficient space is provided for laundry and clothes drying facilities**

4.47. In order to protect the residential amenity of future occupiers of the HMO, the size of the HMO and the internal layout must be sufficient to accommodate the proposed number of residents. Only bedrooms and no other communal spaces should be used as sleeping accommodation. Any proposal should clearly identify the number of intended occupants for each bedroom, and the maximum number of residents of the HMO will be secured through a planning condition. Therefore, any increase in occupancy of the HMO is likely to be subject to a new planning application where appropriate.

4.48. Bedrooms within HMOs often comprise the sole private living space for occupants, which means that they are more likely to be occupied for greater periods than bedrooms for households in self-contained dwellings. It is therefore important that bedrooms in HMOs are adequately sized to meet occupant needs.

4.49. The minimum size of bedrooms will be dependent on the level of communal facilities provided within the HMOs, with larger bedrooms provided where the



provision of communal space and shared facilities are limited. Bedroom sizes should meet the minimum sizes set out below, and should seek to exceed this minimum wherever possible:

- Where a shared communal space and kitchen are provided, the minimum bedroom size for single occupancy is 7.5 sqm
- Where a shared communal space and kitchen are provided, the minimum bedroom size for double occupancy is 10.2 sqm
- Where the kitchen is shared but no other communal space is provided, the minimum bedroom size for single occupancy is 10 sqm
- Where the kitchen is shared but no other communal space is provided, the minimum bedroom size for double occupancy is 12 sqm
- Where kitchen facilities are provided within a bedroom, the minimum bedroom size for single occupancy is 13 sqm
- Where kitchenette facilities are provided within a bedroom, the minimum bedroom size for double occupancy is 15 sqm

4.50. The smallest minimum bedroom size for single occupancy in an HMO with communal areas and kitchen (as identified above) is consistent with the minimum size of a single bedroom as set out within the national space standards. This is larger than the minimum size required under the Housing Act 2004 (as amended), in order to improve living standards and ensure a better and healthier standard of accommodation for occupants.

4.51. The minimum room sizes are also subject to each room having floor to ceiling height of no less than 2.4 metres and being of a shape that offers adequate useable living space.

4.52. In order to ensure that safety and privacy of occupants, bedrooms must have their own independent access from communal corridors and should not be accessed directly via other bedrooms. In addition, bedrooms must not be accessed directly from communal space such as kitchens, dining or living rooms. Bedrooms should be well designed to maximise usable space, with at least one window providing both adequate light and outlook.

4.53. It is important that appropriately sized internal communal areas and adequate bathroom and kitchen facilities should be provided, relative to the expected number of occupants, in order to improve the quality of the HMO, improve living

conditions for future occupiers and encourage social interaction and cohesion of residents.

- 4.54. Where a separate internal communal space is not provided for the HMO, this would need to be fully justified through the planning application. In such instances the floor space of the bedrooms would be expected to be significantly larger to compensated for the lack of alternative living space.
- 4.55. Where some or all of the units of accommodation within the HMO do not contain facilities for cooking food, there should be at least one kitchen, normally not more than one floor distant, suitably located in relation to the living accommodation. The minimum kitchens sizes based on occupancy from EBC’s Prescribed Standards for HMOs are set out in Table 3 below.

Table 3 - Minimum Kitchen Sizes

| Facilities | No. of Occupants | Minimum size of room |
|-----------------|------------------|----------------------|
| Kitchen only | 3 & 4 | 6.5 sqm |
| | 5 | 7 sqm |
| | 6 | 8.5 sqm |
| | 7 | 9 sqm |
| | 8 | 9.5 sqm |
| | 9 | 10 sqm |
| Kitchen / Diner | 3 & 4 | 11.5 sqm |
| | 5 | 12 sqm |
| | 6 | 13.5 sqm |
| | 7 | 14 sqm |
| | 8 | 14.5 sqm |
| | 9 | 15 sqm |


- 4.56. If there are 10 or more occupants, additional kitchens should be provided on the basis of the sizes above.
- 4.57. Bathroom facilities should also be provided of a number, size and layout appropriate to the number of occupants, and be conveniently and suitably located in or in relation to the living accommodation in the HMO. The amenity standards for bathroom facilities based on occupancy from EBC’s Prescribed Standards for HMOs are set out in Table 4 below.

Table 4 - Bathroom amenity standards

| Number of Occupants | Amenity Standards |
|---------------------|--|
| Up to 4 occupants | At least 1 bathroom and 1 WC (the bathroom and WC may be in the same room) Wash hand basin required in bathroom and in separate WC (if provided) |
| 5 occupants | 1 wash hand basin required where practicable in each sleeping room plus 1 bathroom AND 1 separate WC with wash hand basin (but the WC can be contained within a second bathroom) |
| 6 – 8 occupants | 1 wash hand basin required where practicable in each sleeping room plus 2 bathrooms with 2 WCs and wash hand basins |
| 9 – 10 occupants | 1 wash hand basin required where practicable in each sleeping room plus 2 bathrooms AND 2 separate WCs with wash hand basins (but one of the WCs can be contained within one of the bathrooms) |
| 11 – 15 occupants | 1 wash hand basin required where practicable in each sleeping room plus 3 bathrooms AND 3 separate WCs with wash hand basins (but two of the WCs can be contained within 2 of the bathrooms) |

* *Bathroom means a room containing a bath or shower.*

- 4.58. If ensuite facilities are provided in bedrooms, they should be sufficiently sized to contain a bath or shower, WC and wash hand basin.
- 4.59. HMO should also provide useable private outdoor amenity space appropriate to the size of the HMO, which should reduce the need for occupants to congregate in the public realm and reduce anti-social behaviour and adverse effects on the amenity of neighbours.
- 4.60. Outdoor amenity areas should be appropriately shaped and managed to ensure it is usable. It should be private and secure, and should be readily accessible by all occupants and not accessed through a bedroom. This space should be provided in addition to any space that is provided for car parking, cycle parking, and refuse and recycling storage. Where it is not possible to provide an outdoor amenity area, larger internal communal spaces should be provided in compensation.
- 4.61. Damp and mould are common complaints about the internal standard of accommodation with HMOs. HMOs should have sufficient means for ventilation that can be maintained securely while the occupants are absent to minimise occurrence of damp and mould.
- 4.62. The type and extent of ventilation will be dependent on the use and size of the room. For example, kitchens and bathrooms should be provided with higher levels of ventilation (normally mechanical fans and windows) than other rooms



where suitably sized window openings and background ("trickle") ventilators may be sufficient. This will also help to ensure that warm, dry and healthy accommodation is provided, and that the property is protected from further damage resulting from damp and mould.

- 4.63. It is also relevant to ensure that there is sufficient space provided to enable laundry facilities and clothes drying to take place, ideally both internally and externally. This would also help reduce complaints resulting from damp and mould.
- 4.64. It may be appropriate for a management statement be submitted with a planning application, depending on the size of HMO and number of occupants, setting out how the property will be managed to address the requirements of this policy. Such a management statement or plan will also be required for a licence application for an HMO.

Consultation Question 5:

Will Policy HMO4 ensure that a good standard of accommodation in new HMOs and is it achievable? Are there any other approaches that should be considered?

Licensing

- 5.1. HMOs are subject to other forms of legislation. Separate to planning requirements, the Council operates a mandatory licensing scheme under the Housing Act 2004 as amended for HMOs with five or more occupants. In addition, the Council has the option to introduce discretionary 'additional' or 'selective' licensing in the future.
- 5.2. Planning decisions consider whether proposed development is an acceptable use of land and assumes that other regimes associated with a development will operate effectively. When a planning application for an HMO is received, the Council's Private Housing Regulatory Services team will be consulted. Where planning permission is granted, it will be for the landlord to ensure that they have got the necessary licence to operate the premises. The planning status of an HMO cannot be considered when making a decision on whether to grant or refuse a property licence, and the licensing status cannot be considered when determining the planning application.
- 5.3. All HMO property licence holders must comply with their licence conditions. Operating a licensable HMO without a licence is a criminal offence and there can be serious consequences arising. In addition, failure to comply with licence conditions or breaches of HMO Management Regulations is also an offence and penalties can apply.
- 5.4. Licensing applications can be made by landlords to register their properties. The register of licensed properties is publicly available on the Council's website.

Building Regulations

- 5.5. Proposals for the development or intensification of HMOs may be subject to building regulations requirements, particularly where a property is changed from a single household dwelling to an 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 an HMO.

Counting HMOs in housing delivery

- 5.6. For the purposes of calculating net additional dwellings, HMOs are considered to be one single dwelling. If a single dwelling is converted to an HMO, this would not be counted as a net additional dwelling. However, if an HMO is created by change of use from a non-residential building, then it would be counted as one net additional dwelling for the purposes of housing delivery.
- 5.7. This is consistent with the Government guidance on the Housing Flows Reconciliation (HFR)¹⁴ that local authorities are required to submit to record the changes in the dwelling stock in the local authority area.


Council Tax

- 5.8. Under the Council Tax (Chargeable Dwellings and Liability for Owners) (Amendment) (England) Regulations 2023, all HMOs in England are formally considered as single dwellings for the purposes of council tax and are required to have a single council tax bill. These regulations apply from 1st December 2023. Consequently, the associated council tax liability has now been transferred to landlords. It may still be possible for a self-contained flat within the same building as an HMO to be banded separately under some circumstances, and the Valuation Office Agency remains responsible for placing properties into Council Tax Bands.

Certificate of Lawful Development

- 5.9. Enforcement action may be taken against HMOs that do not have the appropriate planning permission. However, the planning system provides the possibility of obtaining a 'Certificate of Lawful Development' to confirm that the existing or proposed use is a lawful one and would reduce the owner's risk of the Council taking enforcement action against them.
- 5.10. It is important to note that lawful development certificates are not an assessment of 'planning merits' and are instead a confirmation of whether something can continue or proceed lawfully without needing to apply for planning permission. A property that has an HMO licence under the Housing Act would not necessarily

¹⁴ [Department for Levelling Up, Housing & Communities, DELTA: User Guide – Housing Flows Reconciliation \(HFR\)](#)



mean that an HMO would be immune from enforcement action under planning legislation.

- 5.11. Applications for Certificates of Lawful Development for existing HMOs must be accompanied by sufficient evidence to prove that the property has been in continuous HMO use for a minimum of ten years¹⁵, or in the case of small C4 HMOs in areas where permitted development rights have been withdrawn through an Article 4 Direction, that the property was in class C4 use on or before the Article 4 Direction came into force.

¹⁵ [Regulation 3\(b\) of the Planning Act 2008 \(Commencement No. 8\) and Levelling-up and Regeneration Act 2023 \(Commencement No. 4 and Transitional Provisions\) Regulations 2024](#)

- 6.1. A monitoring framework will be used to assess the effectiveness of the HMO DPD. This will be monitored annually through the Authority Monitoring Report (AMR).
- 6.2. The monitoring framework in Table 5 sets out a series of indicators, which will be used to measure the HMO DPD performance and assess whether policies are working effectively. This will help inform future decisions about whether they need to be reviewed or replaced in a new Local Plan. Where it becomes evident that policies not performing as initially envisaged or intended, the AMR will identify the actions that need to be taken to address the issue.

Table 5 - Monitoring Framework

| Indicator | Data Source |
|---|-------------------------------------|
| Annual change in number of HMOs (by ward / neighbourhood) | HMO Register |
| Number of HMO applications granted planning permission (C4 / Sui Generis) | EBC Planning Application Monitoring |
| Number of HMO applications refused planning permission (C4 / Sui Generis) | EBC Planning Application Monitoring |
| Number and % of HMOs within 800m of designated centre and 400m of public transport node | HMO Register |
| Number of 3 and 4-bed homes lost to HMO | EBC Planning Application Monitoring |
| Number of HMO applications within Tourist Accommodation Area (approved / refused) | EBC Planning Application Monitoring |
| Number of HMO applications within areas of high concentration (approved / refused) | EBC Planning Application Monitoring |

Appendix 1– Glossary

Affordable Housing - Housing for sale or rent at a price level below the market rate, and which is related to the ability to pay of those identified as being in ‘housing need’. The definition is commonly expressed in the following ways: social housing; intermediate housing; low cost home ownership including shared ownership and shared equity schemes; all of which are related to income and affordability.

Amenity - A positive element or elements that contribute to the overall character or enjoyment of an area.

Article 4 Direction - Direction which removes some or all permitted development rights which were granted by the General Permitted Development Order

Authority Monitoring Report - An annual report that provides information on the extent to which planning policies are being successfully achieved

Building Regulations - Building regulations set standards for the design and construction of buildings to ensure the safety and health for people in or about those buildings. They also include requirements to ensure that fuel and power is conserved and facilities are provided for people, including those with disabilities, to access and move around inside buildings.


Certificate of Lawful Development - A certificate issued by a local planning authority stating that an existing or proposed use is considered lawful for planning purposes.

Change of Use - Change in the use of a building or other land for another purpose. In considering a change of use it is normally necessary to establish whether the change is “material” and whether by virtue of the provisions of the Town and Country Planning (Use Classes) Order 1987 (as amended), development requiring planning permission is involved.

Curtilage - An area of land surrounding a house, which forms one enclosure with that house. This usually means the house itself and any gardens to the front, side or rear. This also includes any outbuildings such as sheds.

Core Strategy - The main planning policy document for Eastbourne that sets out the long term strategic planning vision for Eastbourne between 2006 and 2027. The HMO DPD must be in conformity with the Core Strategy.

Development Plan Document (DPD) - Planning policy documents which make up the Local Plan. They help to guide development within a local planning authority area by setting out the detailed planning policies, which planning officers use to make their decisions on planning applications.



Eastbourne Borough Plan - The Eastbourne Borough Plan 2001-2011 was adopted in 2003 and selected policies were 'saved' in 2007. These policies form part of the Development Plan for Eastbourne and are used in the determination of planning applications. Borough Plan policies will eventually be replaced as new Local Plans are adopted.

Gross Internal Area (GIA) - The enclosed area of a building within the external walls taking each floor into account, but excluding the thickness of the external walls.

Houses in Multiple Occupation (HMOs) - A dwelling that is occupied by 3 or more unrelated individuals who share one or more basic amenities – for example a kitchen or bathroom. HMOs may be described as 'small' – occupying between 3 and 6 unrelated individuals or 'large' – occupying 7 or more unrelated individuals.

Local Housing Needs Assessment - Assessment of the housing market area and relationship with other district, identification of current and past trends and future projections, and assessment of the overall need for housing including affordable housing and specialist housing

Licence - Separate to planning permission requirements, HMOs may also require a licence from the Council. At present the Council operates the mandatory licencing scheme whereby all HMOs that accommodate 5 or more individuals require an HMO licence.


Listed Building - A building of special architectural or historic interest as designated by English Heritage on behalf of the Department for Culture, Media and Sport, this is a statutory listing.

Local Plan - A plan for the future development of a local area, drawn up by the local planning authority in consultation with the community. In law this is described as the development plan documents adopted under the Planning and Compulsory Purchase Act 2004. A local plan can consist of either strategic or non-strategic policies, or a combination of the two.

Local Planning Authority (LPA) - The authority responsible for decisions on planning matters. Eastbourne Borough Council is the local planning authority for the area of Eastbourne Borough that is outside of the South Downs National Park

National Planning Policy Framework (NPPF) - sets out the Government's economic, environmental and social planning policies for England. It must be taken into account in preparing the development plan, and is a material consideration in determining planning applications

Permitted Development - Certain categories of development which can be carried out without having to obtain specific planning permission from the local planning authority



Radius - This is the circular area surrounding the application site where the threshold will be applied. The radius is measured from the location of the main external doorway entrance to the proposed HMO.

Sandwiching - This is the circumstances where there are adjoining HMOs directly on both sides of an existing dwelling. Where properties are separated by a road or where there is a back to back relationship in different streets then the approach will not apply.

Section 257 HMO - a building which has been converted, or part converted, into self-contained flats that did not comply with the appropriate building standards and still does not comply with those standards, and less than two-thirds of the self-contained flats are owner occupied. These are considered as HMOs through Section 257 of the Housing Act although it is likely that these would be considered as class C3 (dwellinghouses) under planning legislation.

Sui Generis - Property or land uses that do not fall within any particular use class.

Use Classes - The Town and Country Planning (Use Classes) Order 1987 (as amended) puts uses of land and buildings into various categories known as 'Use Classes'. A change of use of a building or land does not need planning permission when it falls within the same class.



Appendix 2– Superseded policies

It is proposed that the following policies are superseded on adoption of the HMO DPD.

Saved Eastbourne Borough Plan 2001-2011 (adopted 2003)

- Policy HO14: Houses in Multiple Occupation