

Houses in Multiple Occupation Investigation and Evidence Paper

March 2023

Document Version Control

Author: Planning Policy

Type of document: Evidence Paper

Version Number: 0.3

Document File Name: HMO Investigation and Evidence Paper

Issue date: March 2023

Approval date and by who:

Document held by: Planning Policy

For internal publication only or external also:

Document stored on Council website or Intranet:

Next review date:

Change History

Issue	Date	Comments
0.1	January 2023	First draft for HMO working group consultation
0.2	February 2023	Revised draft following consultation with HMO working group
0.3	March 2023	Revised following consultation with Equalities Officer

NB: Draft versions 0.1 - final published versions 1.0

Consultees

Internal	External
e.g., Individual(s) / Group / Section	e.g., Stakeholders / Partners / Organisation(s)
HMO officer working group	
Equalities Officer	

Distribution List

Internal	External
e.g., Individual(s) / Group / Section	e.g., Stakeholders / Partners / Organisation(s)
HMO officer working group	
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1.0 Introduction

1.1 This report provides information on Houses in Multiple Occupation (HMO) in North Northamptonshire and reviews the options for managing this type of accommodation. It makes recommendations in respect of both service delivery and potential introduction of statutory instruments.

2.0 Background

2.1 A resolution was passed at Planning Policy Executive Advisory Panel on 19 July 2021¹ to investigate the possible use of Article 4 Directions for HMO in North Northamptonshire with regular update reports back to the Panel.

2.2 A multi-disciplinary officer working group was established to lead the investigation, comprising subject matter experts from various service areas that interact with HMO in their separate functions. This includes representatives from Environmental Health, Private Sector Housing, Planning Enforcement, Council Tax, Development Management, Public Health, Building Control and Planning Policy.

2.3 The first update was reported to Planning Policy Executive Advisory Panel on 21 February 2022² setting out the initial evidence collected to support the investigation. This includes GIS data analysis to understand the quantity and spatial distribution of HMO, intelligence on the effects of HMO concentrations, and the identification of six 'hotspot' wards containing the highest numbers and concentration of HMO development that will be subject to further local analysis. The report highlighted key information gaps and limitations, emphasising the importance of reliable and robust evidence to justify any additional planning or regulatory requirements. The report noted the investigation is considering a wider range of measures than only Article 4 Directions.

2.4 A second update was reported to Planning Policy Executive Advisory Panel on 16 May 2022³. The report documented actions taken to improve the quality of the evidence and proposals for a consultation survey to be launched to understand the views of HMO tenants, landlords, and those living or working near HMO developments.

2.5 At the meeting of full Council on 23 June 2022⁴, the following motion (as amended) was approved:

NNC recognise the density of HMOs in certain areas in the Council area and wish to work with Officers and stakeholders to ensure the highest standards of licencing and governance of dwellings in this category. We wish to work in partnership with landlords, tenants, the Council and other stakeholders to utilise the whole suite of regulation and planning requirements, which could include Article 4 regulation in some circumstances, to ensure strong governance of HMOs for the benefit of all those living in such dwellings. The Council also recognises that HMOs play an important part in the housing mix and are a vital resource for many people.

We ask the council to report back at the next full council with a plan on how to achieve this aim.

¹ Planning Policy EAP on 21 July 2021 Minutes of meeting where verbal briefing was given by Interim Planning Policy Lead Manager, available at: <https://northnorthants.moderngov.co.uk/documents/g274/Printed%20minutes%2019th-Jul-2021%2009.30%20EAP%20Planning%20Policy.pdf?T=1>

² Planning Policy EAP on 21 February 2022 Report on Houses in Multiple Occupation (Agenda item 4), available at: [https://northnorthants.moderngov.co.uk/documents/g282/Public reports pack 21st-Feb-2022 09.30 EAP Planning Policy.pdf?T=10](https://northnorthants.moderngov.co.uk/documents/g282/Public%20reports%20pack%2021st-Feb-2022%2009.30%20EAP%20Planning%20Policy.pdf?T=10)

³ Planning Policy EAP on 16 May 2022 Report on Houses in Multiple Occupation (Agenda Item 5), available at: [https://northnorthants.moderngov.co.uk/documents/g286/Public reports pack 16th-May-2022 09.30 EAP Planning Policy.pdf?T=10](https://northnorthants.moderngov.co.uk/documents/g286/Public%20reports%20pack%2016th-May-2022%2009.30%20EAP%20Planning%20Policy.pdf?T=10)

⁴ Council on 23 June 2022 <https://northnorthants.moderngov.co.uk/ie/ListDocuments.aspx?CId=151&MId=1373>

2.6 A report to full Council on 28 July 2022⁵ provided a response to Members in relation to the motion on 23 June 2022 outlining progress on developing the evidence base and details of the consultation survey.

2.7 Public consultation was launched on the online platform Citizen Space for a period of eight weeks between July and September 2022. There was significant feedback to the consultation survey, which provided valuable local evidence. A summary and analysis of the consultation responses was reported to Planning Policy Executive Advisory Panel on 24 October 2022⁶. Additional detail is set out within the local area profiles appended to this report at Appendix 2.

2.8 In parallel the consultation on the Scope and Issues for the North Northamptonshire Strategic Plan included a specific question on HMO.

2.9 The evidence was strengthened by further detailed investigation between October 2022 and December 2022, and involved:

- GIS based spatial analysis.
- Street surveys conducted to capture photographic evidence.
- Review and analysis of responses to the Strategic Plan consultation⁷.
- Comprehensive local area profiles developed for the previously identified 'hot spot' wards with the highest number and concentration of HMO.
- Further consultation and collaboration with key contacts, including Northamptonshire Police and Regulatory Services.

2.10 The HMO officers working group meeting on 11 January 2023 examined the outcomes of the evidence base to help validate the information and provide local perspective as well as help to shape and influence the options. A draft version of the HMO Investigation and Evidence Paper was circulated to the HMO working group for feedback and comments. Feedback from the HMO working group members was recorded in a Comments Log, capturing observations, comments and queries from working group members and consequential amendments.

3.0 Definitions of HMO

3.1 As a simple rule of thumb, HMO is any property occupied by at least three people who are not from one household but share facilities like the kitchen or bathroom. However, the definition of HMO varies for Council and government departments.

3.2 The definitions of HMO within planning, housing, council tax and census context is summarised below.

Planning

3.3 Planning law⁸ divides HMO types into two categories:

- A small HMO is defined as a dwelling that is occupied by between 3 and 6 unrelated individuals who share basic amenities such as a kitchen or bathroom. A small HMO is classified as a 'C4' use within

⁵ Council on 28 July 2022 Minutes of meeting include response to Council Motion of 23 June 2022 on Houses in Multiple Occupation (Agenda Item 11), available at:

<https://northnorthants.moderngov.co.uk/ieListDocuments.aspx?CId=151&MId=763>

⁶ Planning Policy EAP on 24 October 2022 Report on Houses in Multiple Occupation (Agenda item 5), available at:

<https://northnorthants.moderngov.co.uk/documents/g871/Public%20reports%20pack%2024th-Oct-2022%2010.00%20EAP%20Planning%20Policy.pdf?T=10>

⁷ Planning Policy EAP on 14 December 2022 Report on North Northamptonshire Strategic Plan Scope and Issues Consultation, available at: <https://northnorthants.moderngov.co.uk/documents/s13539/PPEAP%2014-12-22%20Item%205%20-%20NN%20Strategic%20Plan%20Scope%20and%20Issues%20response.pdf>

⁸ The Town and Country Planning (Use Classes) Order 1987 (as amended) and The Town and Country Planning (General Permitted Development) (England) Order 2015

the Use Class Order, 2015. Single family dwellings (classified as C3 use) are permitted to change use to C4 use and vice versa without the need to gain planning permission according to The Town and Country Planning (General Permitted Development) (England) Order 2015.

- A large HMO is defined as a property that is occupied by more than 6 unrelated individuals who share basic amenities such as a kitchen or bathroom. A large HMO is classified as Sui Generis (a use that does not fall in any Class). The creation of a large HMO requires planning permission.

Housing

3.4 In summary, the definition of HMO according to the Housing Act, 2004 is a building or part of a building that:

- is occupied by more than one household and where more than one household shares, or lacks an amenity, such as a bathroom, toilet, or cooking facilities.
- is occupied by more than one household and which is a converted building, but not entirely into self-contained flats (whether or not some amenities are shared or lacking).
- and/or, is converted into self-contained flats, but does not meet as a minimum standard the requirements of the 1991 Building Regulations (known as S275 HMO), and at least one third of flats are occupied under short tenancies.

Council Tax

3.5 The Council Tax (Liability for Owners) (Amendments) Regulations 1992 define HMO as any which:

- Was originally constructed or subsequently,
- Is inhabited by a person who, or two or more persons each of whom, is either: the tenant of, or has a licence to occupy part only of the dwelling (e.g., a single room) or: has a licence to occupy the dwelling but is not liable (whether alone or jointly with other persons) to pay rent.

Census

3.6 The Census makes a distinction between shared and unshared dwellings. A dwelling is classified as shared if:

- the household spaces it contains have the accommodation type “part of a converted or shared house”.
- not all the rooms (including kitchen, bathroom, and toilet, if any) are behind a door that only that household can use.
- there is at least one other such household space at the same address with which it can be combined to form the shared dwelling.

3.7 Further detailed information on the definitions is included within the report to Planning Policy Executive Advisory Panel on 16 May 2022.

4.0 Policy and Legislative Context

National Planning Policy Framework

4.1 The [National Planning Policy Framework](#), July 2021 (NPPF) does not set out specific guidance on HMO. Although, paragraph 62 of the NPPF states that *the size, type, and tenure of housing needed for different groups in the community should be assessed and reflected in planning policies*.

4.2 In addition, paragraph 7 of the NPPF states that *the purpose of the planning system is to contribute to the achievement of sustainable development*. At a very high level, the NPPF explains the objective of

sustainable development as *meeting the needs of the present without compromising the ability of future generations to meet their own needs* (NPPF, paragraph 7).

4.3 To achieve sustainable development, the planning system has three overarching objectives: economic, social, and environmental. The social objective seeks to ensure that *a sufficient number and range of homes can be provided to meet the needs of present and future generations...and support communities' health, social and cultural well-being* (NPPF, paragraph 8.b).

Planning Use Classes

4.4 Under planning law, different types of properties are identified under different Use Classes. The Town and Country Planning (Use Classes) Order 1987 (as amended in October 2010) distinguishes between large and small HMO. The table below is provided as a summary of the relevant use classes.

Table 1: Planning Classification of HMO

Type of Property	Planning Use Class
Dwelling house occupied as a family home	C3
'Small' HMO of up to six people	C4
'Large' HMO of seven or more occupants	Sui Generis

4.5 At present, changes of use between a dwelling house occupied as a family home (Use Class C3) to a small HMO (Use Class C4) are allowed without the need to apply to the Council for planning permission. This is referred to as 'permitted development' and means that the Council has no planning control over such change of use. The change of use of a dwelling house to a larger HMO (Sui Generis) requires the submission of a planning application.

Article 4 Directions

4.6 The Government has given Councils the power to remove certain 'permitted development rights' in all or part of their area through Article 4 of the General Permitted Development Order 2015 (as amended), if they consider it is appropriate to do so and there is sufficient planning justification.

4.7 Article 4 Directions can either be made with immediate or non-immediate effect. However, where the former approach is employed, the development must present an immediate demonstrable threat to local amenity or prejudice the proper planning of the area.

4.8 In the circumstances where a Direction is to be made immediately, the process is that:

- i) The Direction is made and publicised and the Secretary of State is notified.
- ii) Confirmation of the Order - the Direction comes into force on the date on which notice is served on the owners/occupiers of the land.
- iii) The Council has up to 6 months to determine whether to confirm the Direction more permanently, considering any representations which have been received. In the absence of that happening, the Direction will lapse.

4.9 In circumstances where a Direction is not to be made immediately, the process is that:

- i) The date on which a Direction will come into force is set and the intention to make such a direction is published and the Secretary of State is notified.
- ii) Confirmation or otherwise of the Order following any representations received having been considered.

4.10 Paragraph 53 of the NPPF states the use of Article 4 Directions to remove national permitted development rights should:

...be limited to situations where this is necessary to protect local amenity or the well-being of the area...[and]...be based on robust evidence and apply to the smallest geographical area possible.

4.11 In planning terms, 'amenity' is often used to refer to those elements which contribute to a person's or business' overall wellbeing. This may include visual attractiveness of a place, community safety, personal safety, balanced social and demographic mix, social inclusion and community cohesion, ownership and pride of place, access to services and facilities, satisfaction with the area as a place to live or work.

4.12 National Planning Guidance adds further clarity on when it is appropriate to use Article 4 Directions. Paragraph 038 states:

Article 4 directions should be limited to situations where it is necessary to protect local amenity or the well-being of the area.

The potential harm that the article 4 direction is intended to address will need to be clearly identified, and there will need to be a particularly strong justification for the withdrawal of permitted development rights relating to a wide area (e.g., those covering entire area of local planning authority)⁹.

4.13 The Secretary of State must be notified about any Article 4 Direction and has the power to cancel or modify a Direction at any time before or after it is confirmed, including the extent of the Direction and its geographic coverage. The definition of any proposed Article 4 Direction must therefore be carefully considered and evidence-based to ensure compliance with national policy and legislation.

4.14 The Order establishes two potential options for making and confirming Article 4 Directions: those with immediate effect, and those without. The option chosen by the Local Planning Authority has implications on their liability for compensation related to the withdrawal of permitted development rights. The Town and Country Planning Act 1990 allows developers to claim compensation from the local planning authority for the loss of the permitted development right, if a permission is refused for a development which would otherwise have been permitted, or if permission is granted subject to conditions other than those conditions imposed by the General Permitted Development Order. Compensation can be claimed in respect of abortive expenditure or other loss or damage directly attributable to the withdrawal of the permitted development right. This can include the difference in the value of the land if the development had been carried out and its value in its current state, as well as the cost of preparing the plans for the works. Compensation is only payable if an application for planning permission for certain development formally permitted by the General Permitted Development Order is made within twelve months of the Direction taking effect. No compensation for the withdrawal of permitted development rights is payable if more than twelve months is given (in the case of non-immediate Direction).

Housing Act 2004

4.15 Since October 2018, by law, an HMO must have a national mandatory licence if it has five or more people in two or more households and share amenities, such as bathrooms, toilets, and cooking facilities. For these large houses in multiple occupation there is an obligation on the landlord to apply for a licence to the local authority where the property is located. Local authorities, therefore, must be able to manage the applications for licences. An HMO licence is usually valid for a period of five years, at which point it must be renewed.

4.16 Every licence must include certain mandatory management conditions to ensure that standards are maintained. These include conditions for the licence holder to provide an annual gas safety certificate, install smoke alarms and keep in proper working order, keep electrical appliances and furniture safe, install carbon monoxide alarm and provide tenancy agreements. Local authorities can also decide to add discretionary conditions and statements of work to the licences, including how the licence holder deals with any anti-social behaviour by person(s) occupying or visiting the HMO.

⁹ [Paragraph: 038 Reference ID: 13-038-20210820](#)

4.17 Subject to certain circumstances, local authorities have freedom to expand licensing for other types of HMO e.g., small HMO, which are not subject to mandatory HMO licensing. This is called Additional Licensing and can be introduced by a local authority in England if significant evidence is available showing that a large proportion of HMO are poorly managed and are having a significant adverse impact on members of the public.

4.18 Selective licensing is another discretionary tool that allows local authorities to introduce licensing to all privately rented property in selected areas. But only if they can satisfy certain qualifying criteria set out in the Act. Selective licensing places conditions on landlords to ensure issues such as gas and electricity safety, installation of smoke, fire and carbon monoxide alarms are adequately dealt with. Along with matters such as repairs and maintenance, waste disposal, tenancy management and issues connected with anti-social behaviour.

5.0 Current Position in North Northamptonshire

5.1 It is recognised that Planning and Housing services are in a period of transition as the services from the former legacy authorities are remodelled and transformed to provide a high quality and consistent service across North Northamptonshire. The current position of each service area involved in HMO is detailed below:

Planning

5.2 There is no specific policy in the existing Local Plan that relates specifically to HMO applications, but planning policies are generally permissive of HMO development within the main built-up areas of settlements. This is provided they comply with the relevant development plan policies, such as Policy 8 of the North Northamptonshire Joint Core Strategy¹⁰, which is concerned with place shaping principles for new developments such as creating pleasant streets and spaces, and a distinctive local character. Plus ensuring quality of life and safe and healthier communities by protecting amenity and designing out crime and anti-social behaviour.

5.3 This planning policy position can only be changed through the review of the Local Plan. The Council is currently reviewing and updating the strategic planning policies through the preparation of the North Northamptonshire Strategic Plan. The Scope and Issues documentation, which forms the first public consultation stage in the plan making process was published between 28 March 2022 and 23 May 2022¹¹. The consultation invited responses on what matters the Strategic Plan will need to consider and address i.e., its scope, and included a specific question on whether a strategic policy is required for HMO development. At this early stage, no decisions have been made on the scope of the Strategic Plan. But the responses to the consultation were overwhelmingly in favour of a strategic policy being incorporated into the North Northamptonshire Strategic Plan for managing HMO development.

5.4 There are statutory requirements governing the preparation of the Strategic Plan, including consultation and examination by an independent Planning Inspector. It is anticipated that the Strategic Plan is unlikely to be adopted until 2025 at the earliest. Clear evidence will be required to justify the inclusion of an HMO policy in the Strategic Plan.

Housing

5.5 The Council maintains a public register of licensed HMO in accordance with Part 2 of the Housing Act 2004. This contains 442 properties with licences granted (as of January 2023), but this figure is fluid with HMO coming into and leaving the sector. The licensing register is available on the Council's website at

¹⁰ North Northamptonshire Joint Core Strategy (2016) available at: http://www.nnjpu.org.uk/docs/Joint%20Core%20Strategy%202011-2031_September16_final.pdf

¹¹ North Northamptonshire Strategic Plan Scope and Issues consultation documentation, available at: <https://northnorthants.citizenspace.com/planning/north-northants-strategic-plan-scope-and-issues-co/>

<https://www.northnorthants.gov.uk/licensing/housing-multiple-occupation>. All HMO licences are issued with standard licensing conditions, and it is understood that the same template is used across North Northamptonshire. The Council's Private Sector Housing service maintains regular contact with HMO landlords. Trained officers conduct inspection of HMO properties to ensure they are up to minimum housing standards, suitable for the number of occupiers and the property is managed in a proper manner so that all tenants can live in safe conditions. If conditions are not up to standard the landlord or owner is required to improve them.

5.6 The Council is not operating any additional discretionary HMO licensing or selective licensing schemes.

Building Control

5.7 Building Regulations consent is also required for certain physical works involved in converting houses to HMO, for example extensions. Building Regulations consent can be obtained either from North Northamptonshire Council's Building Control service or through private sector Approved Inspectors. The choice is up to the person doing the works. The Council cannot get involved in any aspect of the Building Regulations where an Approved Inspector has been appointed unless the works are specifically identified as dangerous.

Enforcement

5.8 Noise and disturbance issues can be addressed by environmental protection legislation (statutory nuisance). There is no legislative control over noise and disturbance unless it is excessive. In these cases, the Council would usually encourage the parties to talk to each other to try and resolve the issues amicably. When this fails there is a standard procedure to investigate and serve an abatement notice with criminal offences created if the notice is not adhered to. North Northamptonshire Council's Enforcement Policy¹² provides an overarching framework under which the Council carries out its enforcement investigation and action.

Other

5.9 Other services and/or organisations can be involved. Including the Council's Housing Benefit, Council Tax, Public Health, Northamptonshire Fire and Rescue Service, Northamptonshire Police and the UK Visas and Immigration Service.

6.0 Evidence

6.1 Intelligence and data about the local area has been gathered to understand the extent of HMO development in North Northamptonshire and the impact on local communities. This includes data collection from a range of sources, GIS analysis and community consultation.

6.2 Limitations to the information collected were identified during the evidence gathering process. Due to the existing regulatory systems for HMO development, there is no single dataset nationally or locally which can definitively identify every HMO. Furthermore, some data is missing or incomplete due to different legacy IT systems and knowledge within the area teams. Moreover, it is very difficult to verify that the impacts of HMO development, such as parking pressure and anti-social behaviour, can be attributed solely to HMO properties.

6.3 Despite the limitations, the investigation has established a robust and proportionate evidence base. This provides a clear picture of the geographical distribution of HMO development and considerable insight into the issues faced by communities in the areas where HMO are concentrated.

6.4 This section provides a summary of the evidence collected and analysis undertaken.

¹² North Northamptonshire Council Enforcement Policy (October 2021): <https://www.northnorthants.gov.uk/your-council/enforcement-policy>

Population Change

6.5 The population of North Northamptonshire has increased by 13.5%, from 316,850 in 2011 to 359,500 in 2021, according to the Census. This is higher than the overall percentage increase in England, where the population increased by 6.6%.

6.6 Of the 359,500 people in North Northamptonshire, 182,500 are women (50.8% of the population) and 177,100 men (49.3%). 18.3% (65,900) are children aged under 15, 63.5% (228,400) are adults aged 15 to 64 and 18.2% (65,500) are aged 65 and over. 2.1% (7,700) of the resident population are 85 and over. This compares to 16.9% aged 0 to 14, 63.6% aged 15 to 64 and 19.5% aged 65 and over for the East Midlands region. Compared to 17.4% aged 0 to 14, 64.2% aged 15 to 64 and 18.4% aged 65 and over for England.

6.7 As of 2021, North Northamptonshire is ranked 20 out of the 39 local authority areas in the East Midlands for population density, with around 3.64 persons per hectare of land. The population density for the East Midlands is 3.12 persons per hectare and for England it is 4.34 persons per hectare¹³.

Housing Stock and Tenure

6.8 According to the 2021 Census, the number of households in North Northamptonshire is 148,900¹⁴.

6.9 A large and growing private rented sector lends itself to HMO conversions. Nationally, there has been a substantial growth in both the number and the proportion of households living in the private rented sector over the past two decades. Figures from the Office of National Statistics show 27,625 households were renting privately in North Northamptonshire when the census was carried out in March 2021. This represents 18.6% of the 148,918 households in the area. At the time of the previous census in March 2011, 15.4% of households were renting privately, meaning the share has increased over the past decade. Nonetheless the percentage of households living in private rented accommodation is relatively low compared with 20.3% households across England and Wales. Ward level data is not available for the 2021 census but figures from the previous census showed considerable variation in tenure between different wards. These ranged from a low of 10.7% households renting privately in Brickhill and Queensway, Wellingborough to a high of 26.8% of households renting privately in Northall, Kettering¹⁵.

6.10 The increase in HMO demonstrates that such housing forms an important component of the housing market, contributing to people's housing choices. This form of accommodation is generally more affordable and flexible than other housing types and therefore suitable for younger people and other households that are not living as families. As well as reducing housing costs for individuals, sharing homes can also have positive social benefits for occupiers, helping individuals, especially young people, to form new networks and relationships.

6.11 The issue of temporary accommodation blocks containing modular apartments was highlighted during the HMO investigation. This followed the refusal of a planning application for erection of a temporary accommodation block for warehouse staff at Midlands Logistics Park, Corby in June 2022 (NC/22/00109/DPA). There are national campaigns to influence planners to make sure there is suitable provision for mobile workers. Some of this type of accommodation is exempt from Article 4 directions and HMO licensing requirements because the internal space includes sleeping accommodation, bathrooms, and kitchen space.

6.12 Exempt accommodation is a sub-sector of supported housing, often used for marginalised groups, such as people who have experienced homelessness, prison leavers, recovering addicts, refugees, and victims of crime such as domestic abuse or modern slavery. It is only in recent years that there has been a particular increase in exempt accommodation. Analysis from Crisis, a charity for people experiencing

¹³ LGA Research Report: [Usual Resident Population by Sex and Age for Peterborough | LG Inform \(local.gov.uk\)](#)

¹⁴ Census 2021, ONS:

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationandhouseholdestimatesenglandandwalescensus2021>

¹⁵ North Northamptonshire Community Insight, available at: <https://northnorthants.communityinsight.org/>.

homelessness, estimates the number of exempt accommodation households in Great Britain increased from 95,149 to 153,701 between 2016 and 2021, a rise of 65%. The growth in exempt accommodation nationally has added to the proportion of vulnerable groups living in HMO. The extent of exempt accommodation in North Northamptonshire is not clear due to a lack of data.

6.13 A House of Commons Committee report published on 27 October 2022¹⁶ recognises that Councils lack sufficient powers to control the extent and spread of exempt accommodation. Some of this type of housing is exempt from Article 4 directions and HMO licensing requirements. The select committee has recommended that the government implement urgent reforms for the sector, including the introduction of enforceable national standards and compulsory registration.

Housing Conditions

6.14 The evidence collected indicates that management of HMO is not an issue for properties in North Northamptonshire, which are effectively being managed and enforced by North Northamptonshire Council.

6.15 The Council has adopted a set of space and amenity standards for HMO. Officers from the Private Sector Housing service carry out inspection of identified HMO properties and use powers available to them, to rectify any hazards that have been identified, taking enforcement action as a last resort. Not all properties in multiple occupation are known to the Council, however.

6.16 Responses to the Strategic Plan consultation and feedback to the HMO survey highlighted poor external appearance of HMO and their gardens in some areas. The street surveys corroborate these issues in some areas where there are high concentrations of HMO, as documented in the local area profiles.

6.17 Representations to the consultation survey showed that tenant's satisfaction with HMO accommodation in North Northamptonshire was mixed. However, this should be treated cautiously as it is emphasised that the response rate from tenants living in HMO was relatively low. So it may be that tenants of the better landlords where the Private Sector Housing service are working extremely hard to maintain standards and respond to and resolve complaints are the ones that did not respond to the consultation survey, or some were unwilling to respond due to fear of harassment and retaliatory eviction. It would be unwise to rely too much on the consultation survey as a true reflection of local circumstances based on the relatively low response rate.

Quantity and Spatial Distribution of HMO development

6.18 As indicated above, the number of HMO in North Northamptonshire is very difficult to assess. It is recognised that there may be existing HMO which are occupied but unknown to the Council. The most significant reason for this is because smaller HMO (that fall under the definition of three or more people forming more than one household) do not require planning approval and are not captured by the current licensing arrangements. There may also be cases of unauthorised development of HMO which have not yet been brought to the attention of the Council, and due to the existing rules on permitted development many residential properties can fall in and out of HMO use quickly and easily without the Council having a record of the change of use. Additionally, the census information includes HMO within a grouping of tenures that includes all privately rented homes, such as flats. Consequently, there could be a tendency to inflate the number of HMO by including private-rented flats in HMO totals. Or there could be a tendency to underestimate the number of HMO with 3 and 4 residents as they do not appear in data sets maintained through the Council's planning or licensing functions.

6.19 Notwithstanding that, the number of HMO in North Northamptonshire is currently estimated to be approximately 985 (as of January 2023). This is approximately 3.57% of the total private rental sector accommodation. This is based upon research which has combined data from multiple sources, including HMO licensing data, Council Tax data, planning and enforcement histories, census, and representations to the HMO consultation survey. Information shows the number of licensed HMO have decreased by 3% during the last 12 months, but non-licensed HMO have increased by 6% over the same period. It is

¹⁶ House of Commons – Levelling Up, Housing and Communities Committee: Exempt Accommodation. Third Report of Session 2022-23 available at: <https://committees.parliament.uk/publications/30512/documents/175989/default/>
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recognised that the situation is always moving, and information will only be a snapshot, up-to-date only for that moment in time. The Department for Levelling Up, Housing and Communities (DLUHC) annual estimate of the number of HMO in North Northamptonshire for 2021/22 is 863¹⁷.

6.20 It is estimated that in 20 of the 26 wards across North Northamptonshire, the proportion of HMO development is less than 1% (counted by individual address points). The table below shows the different proportions in the six wards with the greatest number and concentration of HMO.

Table 2: Proportion of HMO in ‘hotspot wards’

Ward Name	Address Points	HMO	HMO as a Percentage
Clover Hill, Kettering	6,237	113	1.81
Corby West	8,109	99	1.22
Croyland and Swanspool, Wellingborough	8,467	89	1.05
Finedon, Wellingborough	8,475	130	1.53
Kingswood, Corby	8,197	202	2.46
Northall, Kettering	9,697	128	1.32

Source: Internal GIS mapping, February 2022.

6.21 Whilst there is no formal definition of what constitutes a percentage at which point the community is considered to become unbalanced in terms of property mix. Several local authorities have established the precedent that 10% of properties of the total number of residential properties within a certain area is an appropriate threshold. In addition, the national HMO Lobby identified 10% of properties as the general ‘tipping point’ beyond which the evidence indicates that a concentration of HMO can begin to adversely impact on the character and balance of a community¹⁸. It is reiterated that within North Northamptonshire, the percentage of HMO as a proportion of the overall properties is relatively low.

Issues associated with HMO

6.22 Information on complaints received and processed by the Council’s Private Sector Housing service was reported to the Planning Policy Executive Advisory Panel in February 2022. This showed the main issues to be noise, housing conditions, amenity, and waste. Similar issues were identified by the Levelling Up Scrutiny Review Working Group in relation to the left-behind neighbourhoods¹⁹.

6.23 The HMO consultation survey and the North Northamptonshire Scope and Issues Consultation allowed the Council to collect more detailed data on the impact of HMO. Feedback from the consultations was reported to the Planning Policy Executive Advisory Panel on 24 October 2022 and 14 December 2022²⁰. The issues ranged significantly, but the most common concerns related to the negative impact on communities and changes to the character of the area, as well as anti-social behaviour, noise, and pressure on parking. Others commented on the loss of family housing, conversions of unsuitable properties, and impacts on infrastructure, public services and property prices. A ward level breakdown of the HMO consultation survey demonstrated that the issues associated with HMO development are generally intensified in locations where HMO have become concentrated.

Local Area Profiles

¹⁷ Department for Levelling Up, Housing and Communities, Local authority housing statistics data returns for 2021 to 2022, published November 2022: <https://www.gov.uk/government/statistical-data-sets/local-authority-housing-statistics-data-returns-for-2021-to-2022>

¹⁸ Balanced Communities & Studentification Problems and Solutions, National HMO Lobby, 2008: <http://hmolobby.org.uk/39articles.pdf>

¹⁹ Levelling Up in North Northamptonshire, June 2022, Levelling Up Scrutiny Review Working Group [PowerPoint Presentation \(moderngov.co.uk\)](https://www.moderngov.co.uk/documents/s13539/PPEAP%2014-12-22%20Item%205%20-%20NN%20Strategic%20Plan%20Scope%20and%20Issues%20response.pdf)

²⁰ Planning Policy EAP on 14 December 2022 Report on North Northamptonshire Strategic Plan Scope and Issues Consultation, available at: <https://northnorthants.moderngov.co.uk/documents/s13539/PPEAP%2014-12-22%20Item%205%20-%20NN%20Strategic%20Plan%20Scope%20and%20Issues%20response.pdf>

6.24 Individual local area profiles have been developed for the six wards in North Northamptonshire with the greatest concentration of HMO development to allow further investigation at a smaller geographical scale. HMO were mapped using GIS and the percentages of HMO were identified by calculating the total number of households within 100m buffers. The local area profiles at Appendix 2 show distinct streets and concentrations of HMO development above 10% within some areas. Additional information is also provided in the profiles, including the outcomes from the street surveys undertaken in the areas where HMO concentrations greater than 10% were identified. The street surveys focused on a range of potential indicators associated with high concentrations of HMO development (such as property maintenance, parking pressures and waste management) with the aim of providing more localised evidence of any issues. Through this links can be made between localised concentrations of HMO development and the issues that are causing concerns for some in the local community in certain areas.

6.25 The local area profiles identify specific areas where HMO concentration is particularly high, such as parts of Kingswood, Corby and to a lesser extent in some other areas such as Finedon, Wellingborough. The data available confirms that areas of high HMO concentration are disproportionately impacted by social and environmental issues, including higher incidences of anti-social behaviour and crime. Kingswood, Corby in particular has a significantly higher proportion of environmental complaints and was the subject of the most representations to each of the consultations on HMO. It is recognised that caution needs to be exercised when interpreting data, due to the disparity between different legacy IT systems and other data limitations. The local area profiles are, however, valuable in illustrating that the issues associated with HMO development are generally intensified in locations where HMO have become concentrated. The street surveys evidence also reinforces the case that HMO development is impacting on local amenity and well-being of certain areas with high concentrations of HMO development.

7.0 Options

7.1 The evidence affirms that the Council needs to take a collective response to HMO development. Interventions currently under consideration are set out below. These include both planning controls and other powers under housing legislation, as well as non-statutory measures aimed at improvements to the design and delivery of services.

- 1) Article 4 Direction and Planning Policy.
- 2) Discretionary HMO licensing.
- 3) Package of complementary measures.
- 4) Consider need for more detailed policies for specific areas.

7.2 These options are not mutually exclusive, and indeed may be more effective if they are combined or work in parallel. In selecting any option or permutation of options that result in a change in the regulatory framework, the Council will need to satisfy itself that there is sufficient evidence to justify its approach because of the regulatory requirements of introducing planning statutory instruments and licencing control requirements.

7.3 The main positive and negative aspects of each option are considered in Appendix 1. Each of the options are outlined more fully below.

Option 1 – Article 4 Direction and Planning Policy

7.4 On the basis of the analysis of evidence available as set out in this report, areas of North Northamptonshire have been identified where there are localised concentrations of HMO that is likely to result in harmful effects on local amenity and wellbeing of the area.

7.5 The evidence, particularly the individual local area profiles, supports the introduction of Article 4 Direction within a specifically defined area of Kingswood, Corby. The introduction of Article 4 will withdraw specified permitted development rights to convert dwelling houses (Use Class C3) to a small HMO (Use Class C4) without planning permission.

7.6 The evidence demonstrates that the specified area exhibits the following characteristics:

- Concentrations of current HMO.
- Relatively young population and a high proportion of private rented housing.
- Ranked as one of the most deprived areas of the country according to the Index of Multiple Deprivation.
- Prevalence of social issues, such as noise complaints, anti-social behaviour, that would be made worse by increasing the local population by the conversion of too many HMO.
- Local environmental issues, such as problems with car parking, refuse storage, and noise, that would be made worse by increasing the local population by the conversion of too many HMO.

7.7 There are some other areas in North Northamptonshire with concentrations of HMO development, but to a lesser scale and the negative impacts of HMO development are not demonstrated in the data.

7.8 Article 4 Directions may apply to the whole authority area or to designated areas only. The evidence demonstrates a coincidence of issues with high concentrations of HMO in certain areas of Kingswood, Corby. In accordance with the NPPF, Article 4 Directions should apply to the smallest geographical area possible. Therefore, the boundary of the proposed Article 4 Direction would follow the ward boundary for Kingswood for the most part but excludes the area that is Kingswood Nature Reserve to the west, Hazel Wood ancient woodland to the north and the area south of Oakley Road as presented in Appendix 3.

7.9 The rationale for restricting small HMO permitted development rights within the defined area is to limit concentrations of HMO development in accordance with the objectives of the NPPF to create mixed and balanced communities and promote the health, social and cultural wellbeing of communities. Where HMO development forms concentrations within a wider residential area this has the potential to cause negative impacts for existing residents because of cumulative impact. These typically relate to issues which can be controlled by the planning system i.e., impact on the character of the area and the amenity of neighbouring properties, and greater pressure on space for parking and servicing. Introducing Article 4 Direction means that a planning application would have to be made which would enable these cumulative issues to be considered.

7.10 It should be noted that the effect of a Direction is not to prohibit development, but to require a planning application to be submitted for the change of use of a dwelling to a small HMO. As such, there would also be a requirement to develop a Local Plan policy response through the preparation of the Strategic Plan to provide guidance for determining planning applications. Such a policy could specify in what circumstances it will refuse planning permission, such as a ceiling for the proportion of certain types of development.

7.11 There is an opportunity to introduce the Article 4 Direction immediately. This, on the one hand, would control development (above those that are already in place through existing legislation) immediately but does carry the risk of a compensation claim by those affected (see paragraph 4.14 above). However, this can be avoided by having a twelve-month notice period, after which the controls take effect. A further issue which needs to be considered is the policy basis on which planning applications would be determined following confirmation of the Direction. There is no specific policy in the existing Local Plan that relates specifically to HMO development. Work on the Strategic Plan will consider the inclusion of specific HMO policy to provide guidance on the key issues and approach to considering planning applications for HMO development. The weight to be attached to any policy in determining any planning applications would depend upon the stage reached in the Local Plan preparation process. Full weight would only be achieved when the Strategic Plan has been adopted. Regulations allow a non-immediate direction to be brought into force between twelve months and twenty-four months. In order to avoid potentially costly compensation claims and ensure that the Strategic Plan has progressed to a stage where a policy could be given at least some limited weight, it is recommended that a non-immediate direction would be the most appropriate means to implement an Article 4 Direction.

7.12 It should be emphasised, that the Directions do not apply retrospectively and would only control future changes of use from the date when it came into effect. It would therefore not tackle any existing issues in areas with high concentrations of HMO.

Option 2 – Discretionary Licensing

7.13 Local authorities have the freedom to introduce further licensing in their area, in the form of additional or selective licensing schemes, subject to certain conditions being satisfied.

7.14 General conditions are applicable to both forms of discretionary licensing, these are that:

- The authority must ensure that the exercise of the discretionary power is consistent with their overall housing strategy.
- The authority must seek to adopt a co-ordinated approach in connection with dealing with homelessness, empty properties and anti-social behaviour affecting the private rented sector as regards combining licensing with other action taken by them or others.

7.15 The conditions applicable to additional licensing of HMO are that:

- a) A significant proportion of the HMO of that description in the area are being managed sufficiently ineffectively as to give rise, or to be likely to give rise, to one or more problems either for those occupying the HMO or for members of the public.
- b) The authority has regard to any information regarding the extent to which any codes of practice approved under section 233 have been complied with by persons managing HMO in the area in question.
- c) Consider whether there are any other courses of action available to them (of whatever nature) that might provide an effective method of dealing with the problem or problems in question.
- d) That making the designation will significantly assist them to deal with the problem or problems.

7.16 The conditions applicable to selective licensing are that:

- a) The area is one experiencing low housing demand (or is likely to become such an area) and the local authority is satisfied that making a designation will, when combined with other measures taken by the local authority, or by the local authority in conjunction with others, would contribute to an improvement in the social or economic conditions in the area; and/or
- b) the area is experiencing a significant and persistent problem caused by anti-social behaviour and that some or all private sector landlords in the area are not taking appropriate action to combat the problem that it would be appropriate for them to take; and the making of a designation, when combined with other measures taken by the local authority, or by the local authority in conjunction with others, will lead to a reduction in, or elimination of, the problem.

7.17 The Council's Central Licensing Administration Unit (CLAU) act as administrators for all applications for licensed HMO. The evidence collected indicates all licensed HMO and those exempt from licensing under the Housing Act, that are known to the Council, are being effectively managed by the Council's Private Sector Housing team. However, the investigation has highlighted the difficulty of identifying all HMO and the responses to the consultation survey highlighted concerns in some areas that a significant proportion of the unlicensed HMO are being managed sufficiently ineffectively as to give rise, or to be likely to give rise, to one or more problems either for those occupying the HMO or for members of the public.

7.18 It is stated in paragraph 7.15(c) above, that before a local authority considers an additional licensing scheme, it should consider whether there are any actions it could take to alleviate the problems raised. Arguably North Northamptonshire Council hasn't done this yet.

7.19 For an area to be considered for selective licensing it must have a high level of privately rented housing. A 'high level' is defined as being above average and currently the percentage of private sector housing in North Northamptonshire is below the national average. With some 145 households in temporary accommodation²¹, it is difficult to argue that North Northamptonshire meets the condition set out in paragraph 7.16(a) that the area suffers from or is likely to become an area of low demand.

²¹ Department for Levelling Up, Housing & Communities 2021/22 Q1: [Households in temporary accommodation - Total number of children in Temporary Accommodation in North Northamptonshire | LG Inform \(local.gov.uk\)](#)
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7.20 The evidence which the Council has collected and analysed is considered insufficient to meet the legal requirements for introducing Additional or Selective licensing. Prematurely opting for discretionary licensing could be open to legal challenge by affected parties if the Council could be considered to have progressed without having explored all the alternatives.

Option 3 – Package of Complementary Measures

7.21 This option encompasses several different measures. These include improvements to monitoring systems, publication of further information, extension of the landlord accreditation scheme, and continued transformation of the enforcement service. This is not intended to be an exhaustive list but sets out the measures that officers have given serious scrutiny to.

Improvements to monitoring systems

7.22 The limitations of the evidence and data gaps set out in considerable detail in this report make any clear justification for interventions under planning and housing legislation challenging. This is because of the regulatory requirements of introducing planning statutory instruments and licensing control requirements. While the concentration of HMO development in certain parts of Kingswood, Corby and coincidence of complaints relating to the impact of HMO development upon the local community is apparent, there is only modest evidence of the impacts of HMO concentrations being felt in other wards.

7.23 The Council currently monitors licensed HMO using Uniform software. Information can be extracted from the Central Licensing Administration Unit database and mapped periodically, with the ability to automate the process with support from the Council's IT/GIS officer. Monitoring of non-licensed and council tax HMO is undertaken independently by area-based offices with data stored across multiple software systems, which are not consistent or centrally accessible across North Northamptonshire. These are the legacy systems from Corby Borough Council, East Northamptonshire Council, Kettering Borough Council and the Borough Council of Wellingborough. This is operationally inefficient and introduces challenges and risks around the introduction of planning statutory instruments and licensing control requirements. It would deliver service improvements to harmonise data on non-licensed and council tax HMO in a similar way to the licensed HMO and maintain a central database that can be accessed in the same way from any location. This will allow a consistent service and standardisation of processes and procedures to bring the various officers together that interact with HMO in their separate functions to improve efficiencies. HMO addresses will need to be accompanied by their corresponding easting and northing (XY co-ordinates) allowing them to be mapped periodically alongside the licensed HMO to give officers an up-to-date picture of HMO across the authority area. GIS and IT support is needed to implement improvements to monitoring systems, but the result will be a central information source that can be password accessed by all officers that interact with HMO as part of their functions, including all HMO working group officers. The information can be automatically extracted and mapped as often as necessary, but it is recommended this is carried out at practical monthly intervals and reviewed annually.

7.24 An improved monitoring system would support the preparation of the North Northamptonshire Strategic Plan and other policy documents by strengthening evidence that can be gathered to inform policy.

7.25 Improvements to monitoring arrangements needs co-operation and agreement between planning and housing services, as well as the implementation of key corporate building blocks such as the replacement of legacy IT systems. Further research with planning and housing services under this option would involve a review of how to improve data sharing and integration to establish robust evidence. This could help to justify further planning and housing interventions and ensure that measures introduced following this investigation can be effectively implemented and monitored.

Publication of Further Information

7.26 General advice to tenants, landlords and letting agents has been published on the Councils website. This includes information on the type of HMO properties that need to be licensed, conditions that determine whether a licence is granted, criteria to ensure licence holders or managers are fit and proper persons,

terms and conditions of licences, penalties for renting a licensable HMO without a licence or breaching licence conditions and how to apply for a HMO licence.

7.27 This could be developed further with detailed guidance created to provide landlords with information and skills to build successful businesses, and to help tenants identify safe, high-quality accommodation. Additional guidance could cover matters such as tenants' behaviour and dealing with anti-social behaviour and noise nuisances.

Extension of Landlord Accreditation

7.28 Local authorities have the power to introduce voluntary accreditation. A successful approved landlord accreditation scheme has operated in the Corby area since 2014. The role of the accreditation scheme is to recognise and publicise the landlords to bring their properties up to a higher standard. By doing this they can advertise themselves as 'accredited landlords' and the scheme will assist the Council to verify and promote acceptable living standards for tenants. The more landlords that realise the benefits of the scheme and become accredited the more pressure will be felt by those 'rogue' landlords that don't meet the criteria, with tenants wanting to be housed in accredited properties. This could be rolled out across North Northamptonshire.

Review Enforcement

7.29 Enforcement is crucial in ensuring the interventions are implemented correctly. The enforcement service is being reviewed as part of the ongoing restructure and transformation proposals for Place and Economy.

Option 4 – Consider need for more detailed policies for specific areas

7.30 The investigation highlighted a range of interrelated issues that impact on the quality of life for the local community in certain areas. From the evidence, it is apparent that some of the issues identified by the local community are not solely attributable to HMO but arguably linked to wider issues connected to social exclusion, including poverty, family breakdown, mental illness, drug and alcohol misuse and community disorganisations.

7.31 The Government's Levelling Up and Regeneration Bill sets out ambitions to make significant changes to place and placemaking across the country. Along with building more homes to increase home ownership, empowering communities to make better places, restoring local pride and regenerating towns and cities.

7.32 The North Northamptonshire Strategic Plan will put the foundations in place to support and implement the Government's placemaking agenda. It will reflect the corporate priority to build safe and thriving places and provide strategic policies to seek to achieve social and economic opportunity, creating an environment that supports wellbeing and health outcomes and contributes to the quality of people's life. It will seek to ensure places that are safe and inclusive, well planned, built and run, and offer equality of opportunity and good services for all and promote a green economy. It will also set a framework for area based and topic based plans, including neighbourhood plan. These offer scope to further respond in more detail to the issues raised in the investigation and provide a nuanced offer which better addresses the specific needs of individual areas.

7.33 The information gathered within the HMO Investigation and Evidence Paper will provide an incredibly useful evidence base for the Strategic Plan and other documents. Evidence has been supplemented by the findings of the Levelling Up Scrutiny Review Working Group²² that focused on Kingswood and Hazel Leys in Corby, Windmill Ward in Kettering, and Queensway in Wellingborough. These are the three areas identified as 'left behind' neighbourhoods.

²² Levelling Up in North Northamptonshire, June 2022, Levelling Up Scrutiny Review Working Group [PowerPoint Presentation \(moderngov.co.uk\)](#)

7.34 The Local Development Scheme provides a project plan identifying which local development documents will be produced, in what order and when. The current Local Development Scheme²³ was adopted by Full Council on 31 March 2022. This sets out a broad timetable for the preparation of the Strategic Plan and Gypsy and Traveller Site Allocations Plan and confirms the final stages for examination and adoption of the East Northamptonshire District Wide Local Plan Part 2.

7.35 As reported to the Planning Policy Executive Advisory Panel on 14 December 2022, the timetable for the preparation of the Strategic Plan needs to be revised and discussions are ongoing regarding this. The intention is that a revised timetable and updated Local Development Scheme will be reported to the Planning Communities Executive Advisory Panel, formally the Planning Policy Executive Advisory Panel.

7.36 Discussions on updates to the Local Development Scheme should consider whether additional local development plan document(s) are necessary in response to the investigation to provide more detailed policies for specific areas in addition to the Strategic Plan. Current planning legislation allows local planning authorities considerable scope to produce more detailed and specific policies for a defined area, and for local communities to do the same through neighbourhood planning. The preparation of additional local development document(s) would provide opportunity to develop more detailed policies for specific areas in support of the Strategic Plan that aligns the efforts of the council and stakeholders working in the community to address the range of interrelated issues identified during the investigation.

7.37 In December 2022, the Government launched consultation that will significantly affect the planning system. The proposals consist of changes to the National Planning Policy Framework, likely to be published in Spring 2023, and longer-term changes that will follow on from Royal Assent for the Levelling Up and Regeneration Bill, including proposals for a new Local Plans system. Transitional arrangements are included in the proposals that plan makers have until 30 June 2025 to submit Local Plans or Neighbourhood Plans for independent examination under the existing legal framework. The challenges caused by the current transformation programme for the planning service and demands of competing corporate priorities, as well as other factors, means the submission of another local development plan document by June 2025 is unlikely within the constraints of existing resources.

7.38 Proper consideration of this option is most appropriately addressed as part of updates to the Local Development Scheme to avoid a scatter-gun approach to policy development and facilitate good project management. This will ensure efficiency of resources, and prioritisation of skills and expertise, particularly as there is a need to focus limited resources carefully on the corporate priorities such as the Strategic Plan and Gypsy and Traveller Site Allocations Plan to ensure submission of the plans for independent examination by 30 June 2025. The Local Development Scheme also provides a risk assessment of the obstacles and challenges to delivery that may arise on the way, which is particularly important in the context of reforms to the planning system and final decisions to be made about the scope and content of the Strategic Plan.

8.0 Conclusion

8.1 The investigation has shown that HMO is a key part of the housing market in North Northamptonshire, providing homes and contributing to people's housing choice. Such homes provide affordable and flexible accommodation. However, when highly concentrated and poorly managed, the evidence indicates that HMO can create harmful impacts for local communities and change the character and appearance of the area.

8.2 Various options have been considered to address issues caused by the concentrations of HMO, as outlined above. The implementation of two planning policy responses is recommended to effectively control and manage the potential impact of HMO development, both of which fall under Option 1:

²³ North Northamptonshire Local Development Scheme, March 2022 [Local Development Scheme 2022 to 2025 | North Northamptonshire Council \(northnorthants.gov.uk\)](https://www.northnorthants.gov.uk)

- Introduce Article 4 Direction to a specified area of Kingswood, Corby that restricts homeowners permitted development rights to use their properties as HMO within Class C4 of the Use Classes Order. This means planning consent is required to change the use of a regular house within Class C3 to HMO. A non-immediate direction is considered appropriate allowing a twelve-month notice period to avoid compensation liability and to consider consultation responses before a decision is made to confirm the Direction.
- Formulate policy in the North Northamptonshire Strategic Plan which aims to manage HMO development.

8.3 The two joined-up approaches will allow the Council to proactively manage HMO development while supporting a vital part of the private rented sector that caters to the needs of specific groups within the community. The intention is therefore not to reduce or restrict their delivery in North Northamptonshire but resist the development of significant concentrations of them in certain locations, and to create mixed and balanced communities and promote the health, social and cultural wellbeing of communities.

8.4 Currently, it is considered that there is not sufficient justification to proceed with any discretionary licencing under option 2 but that the situation should continue to be monitored.

8.5 The package of measures identified in Option 3 would work in tandem and be complementary to the planning policy responses outlined in Option 1. Improvements to monitoring systems and processes, in particular, would enable better information sharing as well as provide more accurate data to help the Council consider and pursue discretionary licensing in the future. The package of measures link to the Council's wider ambitions for transformation and ongoing work to improve service delivery.

8.6 Option 4 recognises that arguably some of the issues identified by the local community are not solely attributable to HMO and recommends that further consideration is given to the preparation of more detailed policies for specific areas that can address wider issues such as deprivation, design, and parking. It is recommended that Option 4 is considered as part of updates to the Local Development Scheme and the identified issues will also be considered in the development of the Strategic Plan.

Appendix 1: Main Positive and Negative Aspects of Options

Option	Main Positive	Main Negative
1 – Introduce Article 4 Direction	<ul style="list-style-type: none"> • Article 4 Directions allow greater control, via the Council’s planning powers to mitigate HMO concentrations and determine the appropriateness of new small HMO on a case-by-case basis. Many of the HMO that are raising concerns in the local community are ‘small’ HMO benefitting from the associated permitted development right, which as explained within the report, currently fall outside the Council’s planning control. • Council is responding to local communities’ concerns related to localised concentrations of HMO in some areas. • Focused on worse affected areas and compliant with paragraph 53 of the NPPF. 	<ul style="list-style-type: none"> • Risk of ‘displacement’ with new HMO established outside designated areas with less regulation. • Article 4 Direction cannot be applied retrospectively on existing HMO and permitted development rights can be used up until that point at which the Direction comes into force. This means that the impact of the Article 4 Direction will not be immediate and there is a risk that non-immediate Article 4 Direction may result in a rush of additional HMO being created within the 12-month period in order to avoid the need for planning permission. • Conversely the Article 4 Direction may reduce the supply of small HMO over the longer term which will have the consequence of driving up rent levels and may have a negative impact on employers securing/retaining staff due to the reduction in available units of this type of accommodation. • Effectiveness in controlling HMO often limited when implementing in isolation. • No impact on management or health and safety of buildings. • Demanding on staff time and risks diverting limited resources away from other corporate priorities. • The HMO sector is currently going through a volatile period brought about by the cost of living crisis. As such, this may not be an appropriate time to introduce article 4 directions and associated designated area. • Caution needs to be exercised interpreting evidence and showing a correlation between concentrations of HMO and the concerns raised by the community due to the data limitations. • Secretary of State approval required.
1 – Planning Policy associated with Article 4 Direction	<ul style="list-style-type: none"> • Clear planning policy guidance through the Strategic Plan will provide a robust framework to help assess planning applications. 	<ul style="list-style-type: none"> • Demanding of staff and resources. • Uncertainty regarding content of Strategic Plan and planning reforms creates challenging work

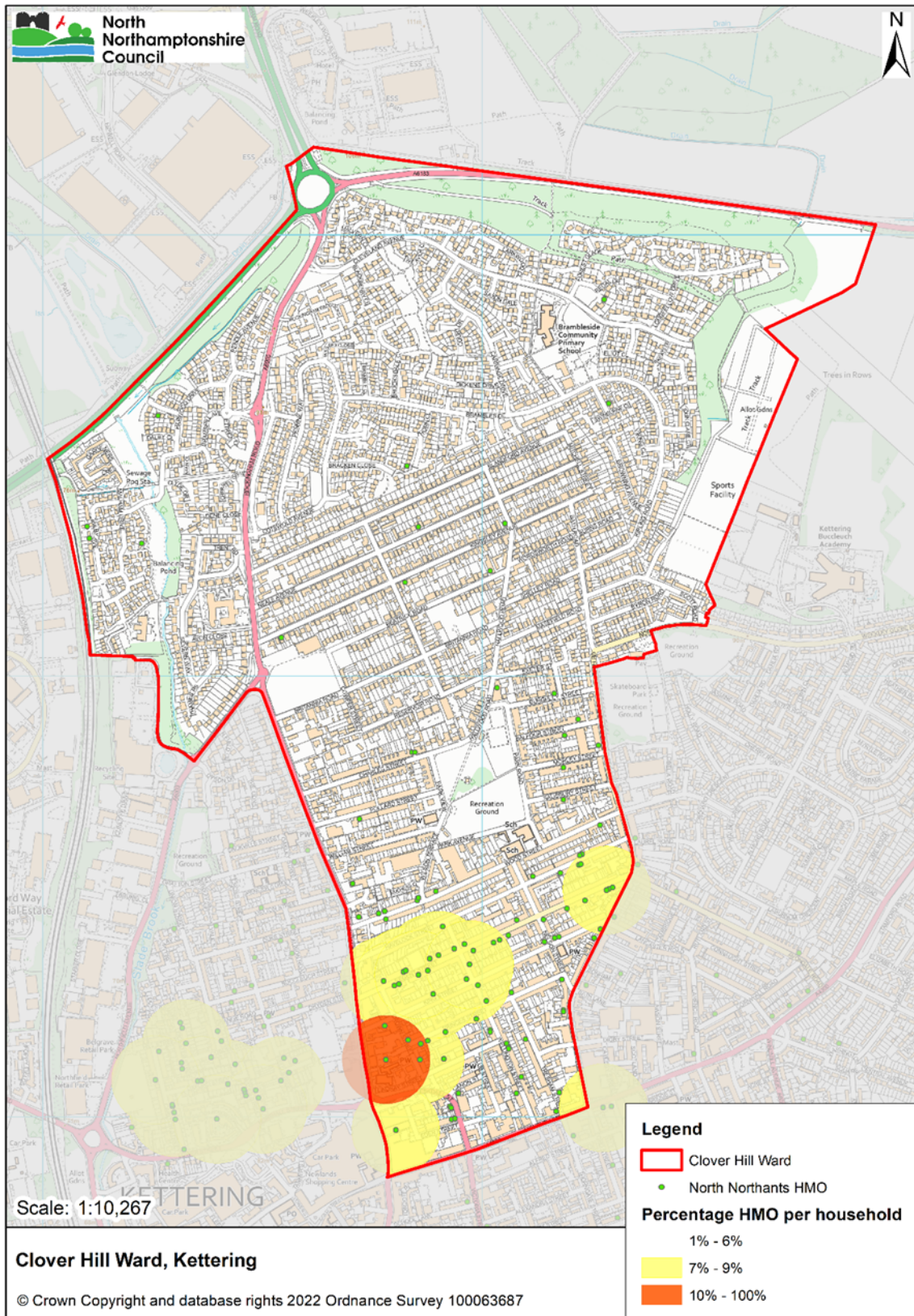
Option	Main Positive	Main Negative
	<ul style="list-style-type: none"> • Council is responding to local communities' concerns related to localised concentrations of HMO in some areas. 	<p>environment and risks abortive work and costs.</p> <ul style="list-style-type: none"> • Uncertainties in context of restructuring proposals and capacity to implement.
2 – Additional Licensing	<ul style="list-style-type: none"> • Enable the development of a consistent approach across the private rented sector to help drive up standards. Additional Licensing will apply the same approach to assessment and improvement of housing conditions as for mandatory licensing. This will give HMO tenants the same protection as those in properties subject to mandatory licensing. • Raising standards across the HMO sector will help improve neighbourhood amenity for all the local community and have a positive impact on property values, benefitting landlords and other property owners alike. • The formal relationship between landlords and the Council afforded by licensing should enable better information sharing as well as provide more accurate data to help future decision making affecting the private rental market. • Less confusion about different definitions for HMO. 	<ul style="list-style-type: none"> • Increased costs / red tape associated with license applications. • Demanding of staff time. • Would take resources away from doing other priority housing activities. • Secretary of State approval required. • Lack of evidence to justify this approach.
2 – Selective Licensing	<ul style="list-style-type: none"> • Enable the development of a consistent approach across the private rented sector to help drive up standards. • Raising standards across the private rented sector. 	<ul style="list-style-type: none"> • Increased costs / red tape associated with license applications. • Demanding of staff time. • Would take resources away from doing other priority housing activities. • This scheme would focus more resources on individually privately rented homes which often have fewer problems associated with them and are considered less of a risk in terms of structure, management, and fire safety than HMO. • Secretary of State approval required. • Lack of evidence to justify this approach.
3 – Improvements to monitoring systems	<ul style="list-style-type: none"> • Improve/transform service delivery. • Ensure more joined up working and increased efficiencies. • Strengthen evidence to justify the introduction of planning statutory 	<ul style="list-style-type: none"> • Would need to be accompanied by enhanced cross departmental working to improve efficiency. • New IT systems and internal administration procedures may be

Option	Main Positive	Main Negative
	instruments, inform planning policy, and licensing control requirements.	required to facilitate cross departmental working. <ul style="list-style-type: none"> • Demanding of staff time.
3 – Publish Further Information	<ul style="list-style-type: none"> • Ensure openness and transparency. • Ensure consistency. • Cost-effective. 	<ul style="list-style-type: none"> • A minimalist option which only tinkers with the current service delivery.
3 – Extension of Landlord Accreditation	<ul style="list-style-type: none"> • Accreditation’s proven track record. • Easy set-up through access to existing accreditation scheme. • Rewards responsible landlords for their efforts. • Prospective tenants signposted to quality accommodation run by responsible landlords. • Should lead to more joined up working and consistency. 	<ul style="list-style-type: none"> • Accreditation would tend to attract the responsible landlord, be ignored by the irresponsible; no particularly strong incentive on the latter to join in. • Not enforceable.
3 – Review Enforcement	<ul style="list-style-type: none"> • Underway as part of restructure and transformation proposals. • Improve/transform service delivery. • Ensure consistency across North Northamptonshire. 	<ul style="list-style-type: none"> • Dependent on restructure.
4 – Consider need for more detailed policies for specific areas	<ul style="list-style-type: none"> • Consideration underway as part of the Local Development Scheme update. • Ensure a corporate and collaborative approach to HMO issues and levelling up. 	<ul style="list-style-type: none"> • Demanding of staff and resources • Uncertainty regarding content of Strategic Plan and planning reforms creates challenging work environment and risks abortive work and costs. • Uncertainties in context of restructuring proposals and capacity to implement.

Appendix 2: Local Area Profiles

Clover Hill Ward, Kettering

Map showing distribution and concentrations of HMO



Demographics

Total population ²⁴	12,163
Age profile of population - % (actual number)	Aged 0-15: 19.2% (2,330) Aged 16-64 working age: 64.2% (7,812) Aged 65+: 16.6% (2,021)
Population density (persons per hectare)	56.38
Overcrowded housing - % (actual number) ²⁵	5.1% (251)
Vacant dwellings - % (actual number) ²⁶	4.7% (240)
Index of Multiple Deprivation (IMD) 2019 (a lower rank indicates that an area is experiencing high levels of deprivation) ²⁷	18,352

HMO Profile²⁸

HMO ward total	113
Proportion of ward households	1.81%
Proportion of HMO in North Northamptonshire	10%
Licensed HMO	43
Non-licensed HMO	43
Council Tax HMO	27

HMO Concentration Buffers

Number of HMO with concentration of 10% or higher within 100m distance	2
Mapping analysis	Concentrations greater than 10% are located on the following streets: <ul style="list-style-type: none">• Rockingham Road

HMO Survey Feedback

Number (and %) of submitted survey responses received within ward	11 (5%)
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Summary of feedback received within ward

Of the 11 survey responses received within the Clover Hill ward, one respondent answered as living in an HMO, one responded as the owner or landlord of HMO, 6 responded as interested members of the public and 3 responded as other, which includes local residents and those neighbouring HMO.

Living in HMO

The respondent living in HMO is a private tenant and stated convenience of location, personal development and affordability (low cost) as their reasons for choosing this type of accommodation. The HMO tenant responded that they are fairly satisfied within the condition of the property, attitude of the landlord/agent and speed of repairs; but responded they are fairly dissatisfied within the safety and management of the property.

²⁴ Source: Office for National Statistics (ONS, 2020)

(<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annual/midyearpopulationestimates/latest>) accessed via North Northamptonshire Community Insight, available at: <https://northnorthants.communityinsight.org/> (accessed 02.12.2022)

²⁵ Source: Census 2011 (<https://www.nomisweb.co.uk/census/2011/ks403ew>) accessed via North Northamptonshire Community Insight, available at: <https://northnorthants.communityinsight.org/> (accessed 02.12.2022)

²⁶ Source: Census 2011 (<https://www.nomisweb.co.uk/census/2011/ks401uk>) accessed via North Northamptonshire Community Insight, available at: <https://northnorthants.communityinsight.org/> (accessed 02.12.2022)

²⁷ Ministry of Housing Communities and Local Government (MHCLG)

(<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>) accessed via North Northamptonshire Community Insight, available at: <https://northnorthants.communityinsight.org/> (accessed 02.12.2022)

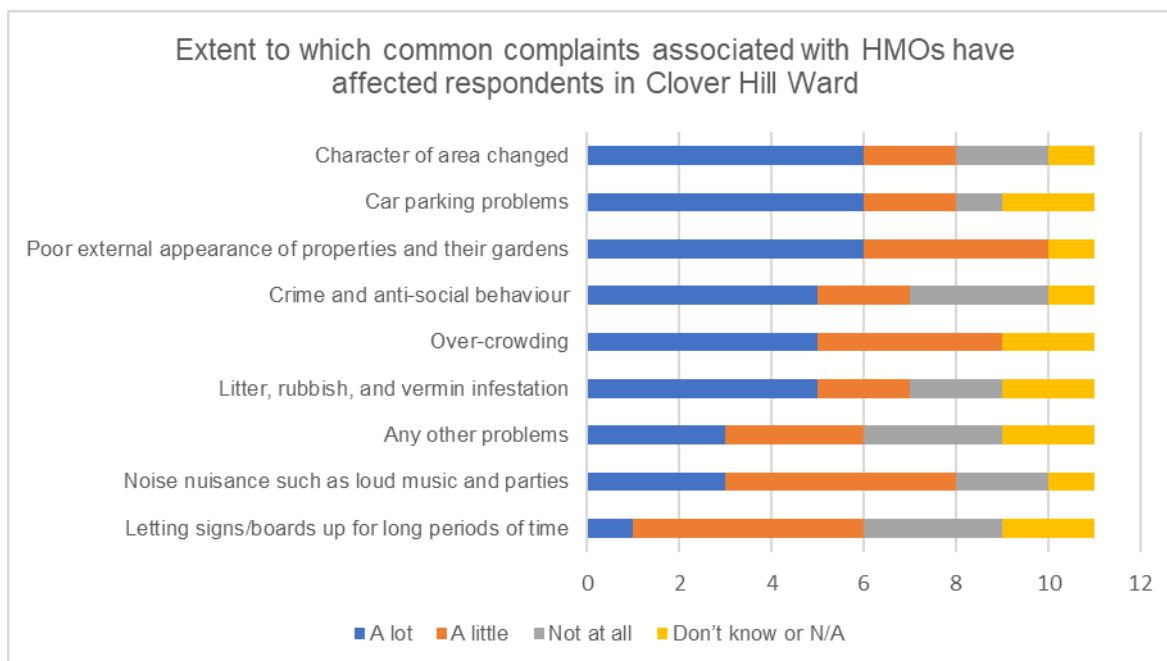
²⁸ Licensed, Non-licensed and Council Tax HMO figures are consistent with those reported to PPEAP in February 2022.

Not living in HMO

A total of 10 survey responses were received from those within the Clover Hill ward that do not live in a HMO; 8 of those responding are homeowners living in the local area, 1 is a private tenant not living in HMO, 1 is a letting/managing agent responsible for properties in the local area, 1 is a landlord (not HMO), 1 is a social housing tenant not living in HMO, 1 lives with parents/family and 1 describes themselves as other and is a member of a local church.

All responses

When asked to what extent they have been affected by some of the most common complaints associated with HMO the following responses were given; these are ranked according to the highest number of responses stating 'a lot' to a type of complaint:



In most cases responses to 'other problems' fit within the other categories, but these provide local insight of the issues experienced within Clover Hill. The responses included drug use, language barriers, poor landlord and living conditions, effects on the local area and housing market and the transient nature of the population.

When asked if the above issues had been experienced as a consequence of HMO in the local area, the majority indicated yes at 89%, and no at 11%. Respondents were asked to provide an explanation for their response; these are summarised by the following word cloud, but the most common responses included parking problems and presence of cars, noise and loud music, overcrowding, rubbish and fly-tipping, and aggressive and anti-social behaviour:



The survey asked if any of the above issues had been reported within the last 12 months and where these had been reported to. The results indicated that a total of 15 reports had been made in the last 12 months to the following individuals and organisations:

Police	4
Council	4
Landlord or agent	3
Local councillor	2
Tenants	1
Community Warden	1

Of the 15 reported issues responses indicate that 27% were resolved with ease, 13% were resolved with difficulty and 53% remain unresolved. One reported issue (7%) was not answered. Feedback shows the highest proportion of issues were resolved in the case that was reported to the community warden, with the highest proportion of unresolved issues being that reported to tenants.

The survey feedback identified two properties to be investigated further to determine if operating as HMO. Both properties have been confirmed as single-family units.

Police Crime Data²⁹

Total crime offences per 1,000 population between September 2021 and August 2022 (actual number in brackets)	100.1 (1,218)
Kettering urban area average	118.4 (9,024)
North Northamptonshire average	99.8 (34,987)
England average	95.7 (5,360,288)

²⁹ Source: Police UK (Police recorded crime figures) (<https://data.police.uk/>) accessed via North Northamptonshire Community Insight, available at: <https://northnorthants.communityinsight.org/> (accessed 18.11.2022)

Supplementary site visits
Site visit photographs (22.11.2022)





Site visit comments

A walkaround was undertaken by officers at around midday during a weekday, which included those areas identified as having HMO concentrations of 10% or greater.

The walkaround allowed the following observations:

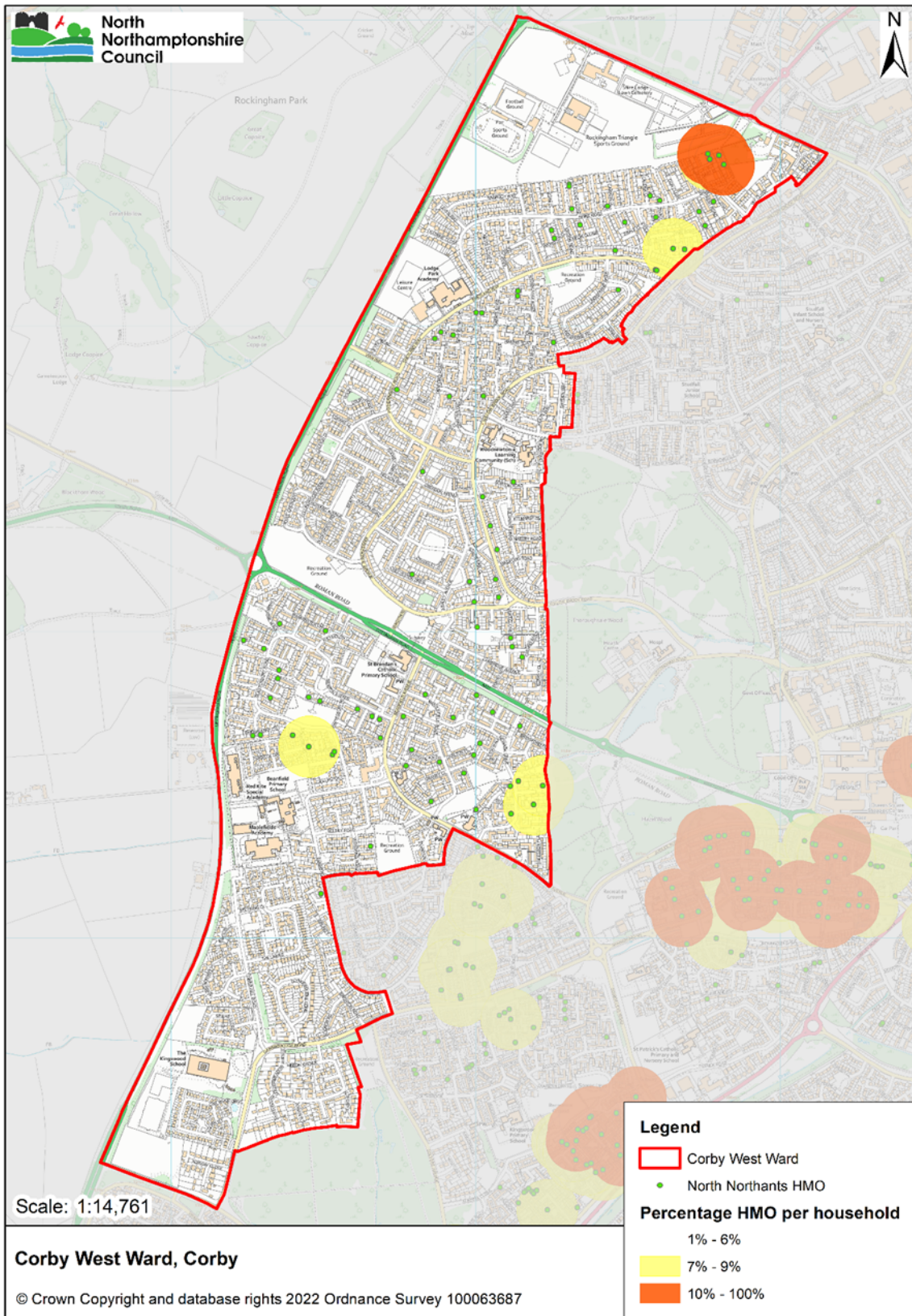
- A high number of household waste bins outside terraced properties; however, these were rarely blocking the footpath.
- One instance of small general household waste left on the path.
- The area is almost exclusively terraced housing. There were average numbers of cars in most areas, although in some of the narrower streets these were parked partially blocking the footpath, which can result in unusable footpaths when combined with household waste bins on already narrow footpaths. It is noted that site visits were undertaken during the working day, so this will not be representative of the number of cars in the area at other times of the day.
- Due to the type of housing, there were no front gardens to observe but also no poorly maintained fences were noted.
- The general external appearance of properties appeared to be in average to good condition.
- There appeared to be a low number of for sale or to let boards on display.
- HMO properties did not appear to be distinguishable from other properties.

Other information

Environmental complaints recorded by the Council between 01.10.2018 and 30.09.2021	Data not available
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Corby West Ward, Corby

Map showing distribution and concentrations of HMO



Demographics

Total population ³⁰	13,277
Age profile of population - % (actual number)	Aged 0-15: 20.1% (2,668) Aged 16-64 working age: 60.8% (8,069) Aged 65+: 19.1% (2,540)
Population density (persons per hectare)	38.15
Overcrowded housing - % (actual number) ³¹	4.9% (261)
Vacant dwellings - % (actual number) ³²	2.1% (115)
Index of Multiple Deprivation (IMD) 2019 (a lower rank indicates that an area is experiencing high levels of deprivation) ³³	11,088

HMO Profile³⁴

HMO ward total	99
Proportion of ward households	1.22%
Proportion of HMO in North Northamptonshire	9%
Licensed HMO	94
Non-licensed HMO	5
Council Tax HMO	0

HMO Concentration Buffers

Number of HMO with concentration of 10% or higher within 100m distance	3
Mapping analysis	Concentrations greater than 10% are located on the following streets: <ul style="list-style-type: none">• Deben Road• Derwent Walk

HMO Survey Feedback

Number (and %) of submitted survey responses received within ward	27 (13%)
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Summary of feedback received within ward

Of the 27 survey responses received within the Corby West ward, one respondent answered as living in an HMO, one responded as the owner or landlord of HMO, 17 responded as interested members of the public and 8 responded as other, which generally includes those neighbouring or living near to one or more HMO.

Living in HMO

The respondent living in HMO is a private tenant and stated affordability (low cost) as their reason for choosing this type of accommodation. The HMO tenant responded that they are very dissatisfied with the condition of the property, safety and management of the property, attitude of the landlord/agent and speed of repairs.

³⁰ Source: Office for National Statistics (ONS, 2020)

(<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annual/midyearpopulationestimates/latest>) accessed via North Northamptonshire Community Insight, available at: <https://northnorthants.communityinsight.org/> (accessed 02.12.2022)

³¹ Source: Census 2011 (<https://www.nomisweb.co.uk/census/2011/ks403ew>) accessed via North Northamptonshire Community Insight, available at: <https://northnorthants.communityinsight.org/> (accessed 02.12.2022)

³² Source: Census 2011 (<https://www.nomisweb.co.uk/census/2011/ks403ew>) accessed via North Northamptonshire Community Insight, available at: <https://northnorthants.communityinsight.org/> (accessed 02.12.2022)

³³ Ministry of Housing Communities and Local Government (MHCLG)

(<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>) accessed via North Northamptonshire Community Insight, available at: <https://northnorthants.communityinsight.org/> (accessed 02.12.2022)

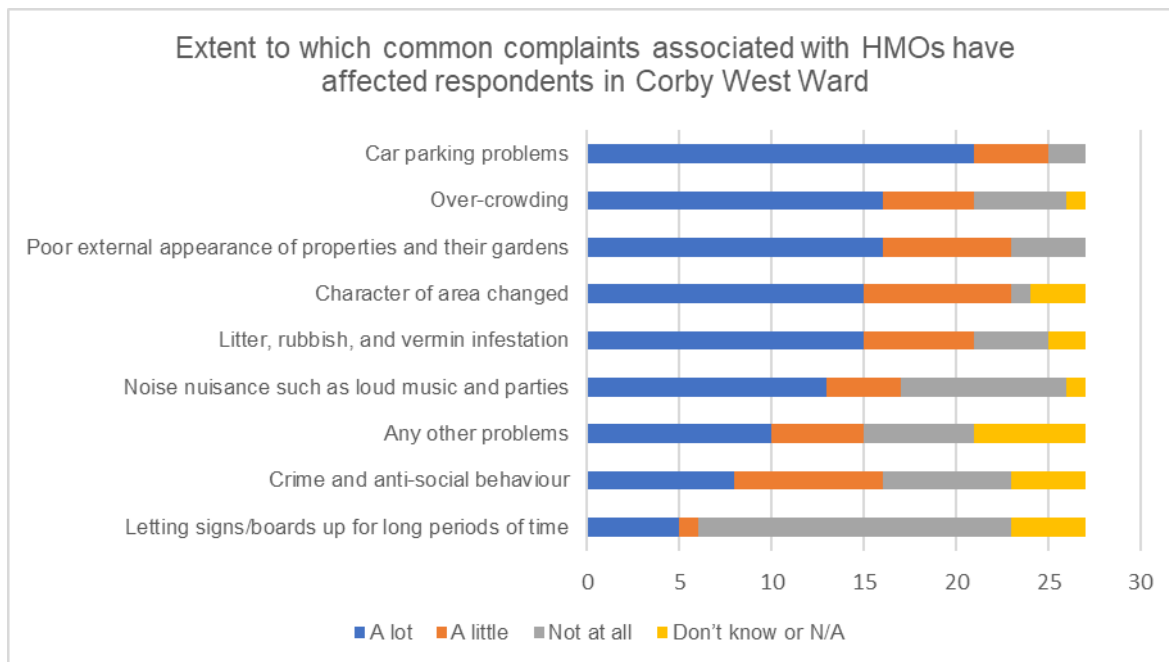
³⁴ Licensed, Non-licensed and Council Tax HMO figures are consistent with those reported to PPEAP in February 2022.

Not living in HMO

A total of 26 survey responses were received from those within the Corby West ward that do not live in a HMO; 18 of those responding are homeowners living in the local area, 3 are private tenants not living in HMO, 1 is a landlord (not HMO), 3 are social housing tenants not living in HMO and 1 lives with parents/family.

All responses

When asked to what extent they have been affected by some of the most common complaints associated with HMO the following responses were given; these are ranked according to the highest number of responses stating 'a lot' to a type of complaint:



In most cases responses to 'other problems' fit within the other categories, but these provide local insight of the issues experienced within Corby West. The most common responses include unkempt gardens, parking problems, drugs, noise problems. The responses have been grouped by themes and can be summarised by the following word cloud:



When asked if the above issues had been experienced as a consequence of HMO in the local area, the majority indicated yes at 89%, and no at 11%. Respondents were asked to provide an explanation for their response; these are summarised by the following word cloud, but the most common responses included criminal, aggressive and anti-social behaviour; parking problems, drugs, rubbish, unkempt gardens, noise and loud music:



The survey asked if any of the above issues had been reported within the last 12 months and where these had been reported to. The results indicated that a total of 35 reports had been made in the last 12 months to the following individuals and organisations:

Council	12
Landlord or agent	10
Tenants	7
Police	5
Local councillor	1
Community Warden	0

Of the 35 reported issues responses indicate that 6% were resolved with ease and 94% remain unresolved. Feedback shows the highest proportion of issues were resolved in cases that were reported to the HMO landlord/agent or tenant, but issues reported to the Council, Local Councillor or community warden remain unresolved.

The survey feedback identified two properties to be investigated further to determine if operating as HMO.

Police Crime Data³⁵

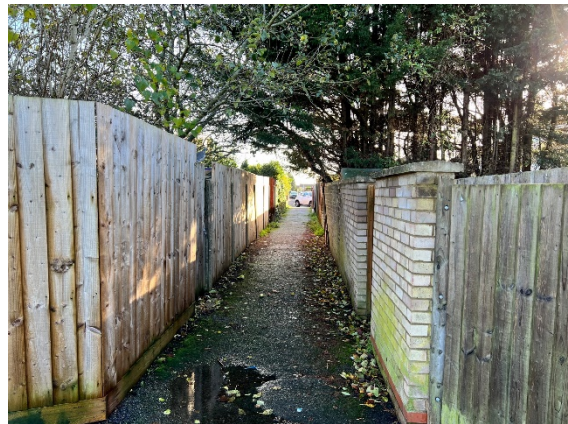
Total crime offences per 1,000 population between September 2021 and August 2022 (actual number in brackets)	91 (1,208)
Kettering urban area average	105.5 (7,708)
North Northamptonshire average	99.8 (34,987)
England average	95.7 (5,360,288)

Supplementary site visits

Site visit photographs (23.11.2022)



³⁵ Source: Police UK (Police recorded crime figures) (<https://data.police.uk/>) accessed via North Northamptonshire Community Insight, available at: <https://northnorthants.communityinsight.org/> (accessed 18.11.2022)





Site visit comments

A walkaround was undertaken by officers at around midday during a weekday, which included those areas identified as having HMO concentrations of 10% or greater.

The walkaround allowed the following observations:

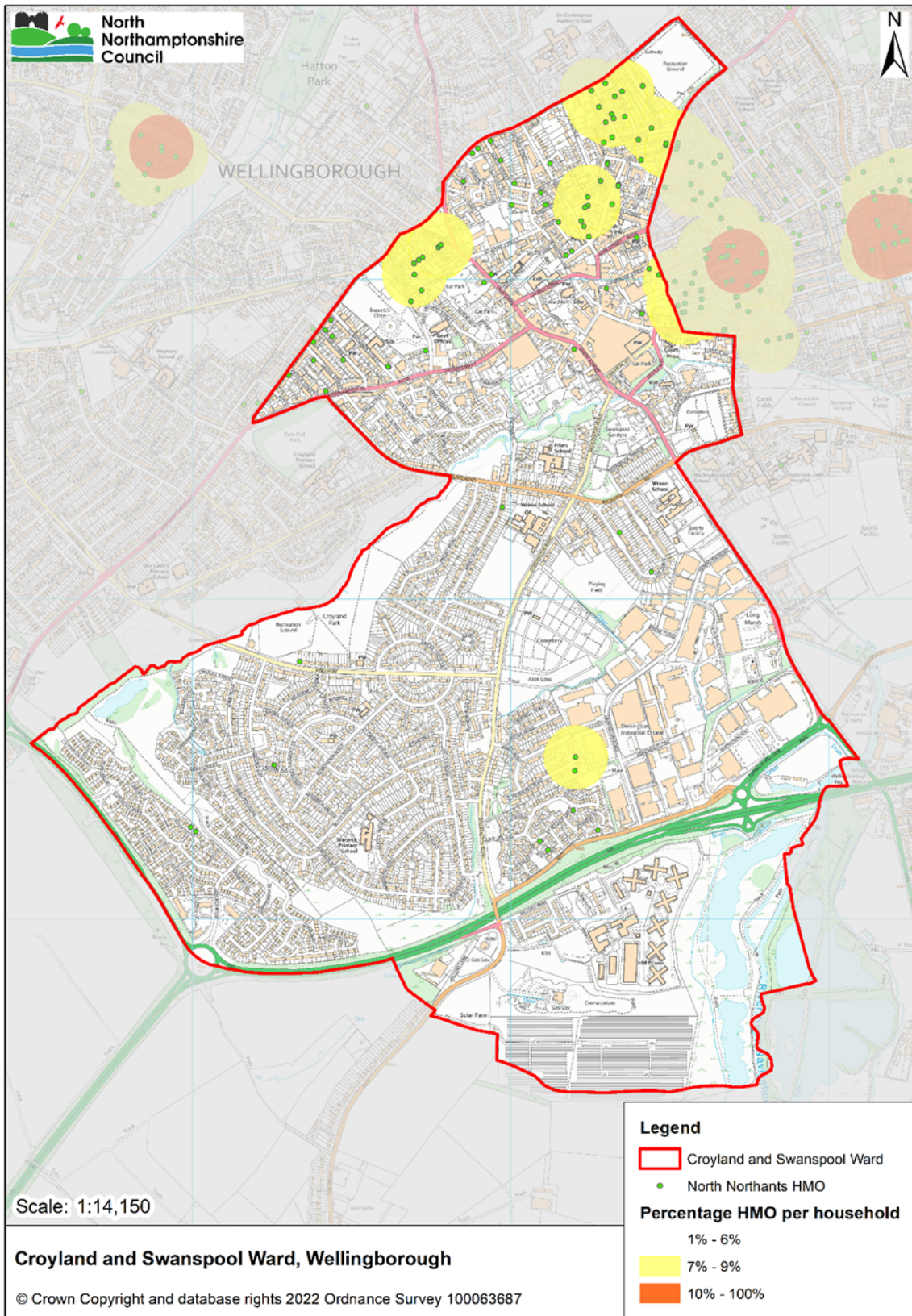
- One instance of fly-tipping of a large household item (armchair) near to the area of green space.
- One large household waste bin outside a property.
- The area had several walkways that are not accessible by car with separate garages and overflow parking areas.
- Car numbers were modest, although not all areas visited were accessible by car. It is noted that site visits were undertaken during the working day, so this will not be representative of the number of cars in the area at other times of the day.
- The general external appearance of properties was good.
- Front gardens and fences appeared to be well maintained.
- There were no visible for sale or to let boards.

Other information

Environmental complaints recorded by the Council between 01.10.2018 and 30.09.2021	Noise = 65 Housing condition = 35 Amenity = 8 Waste = 89 (Total = 197)
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Croyland and Swanspool Ward, Wellingborough

Map showing distribution and concentrations of HMO



Demographics

Total population ³⁶	14,041
Age profile of population - % (actual number)	Aged 0-15: 22.4% (3,151) Aged 16-64 working age: 62.2% (8,734) Aged 65+: 15.4% (2,156)
Population density (persons per hectare)	31.62
Overcrowded housing - % (actual number) ³⁷	7.6% (416)
Vacant dwellings - % (actual number) ³⁸	4.5% (260)
Index of Multiple Deprivation (IMD) 2019 (a lower rank indicates that an area is experiencing high levels of deprivation) ³⁹	9,610

HMO Profile⁴⁰

HMO ward total	89
Proportion of ward households	1.05%
Proportion of HMO in North Northamptonshire	8%
Licensed HMO	29
Non-licensed HMO	16
Council Tax HMO	44

HMO Concentration Buffers

Number of HMO with concentration of 10% or higher within 100m distance	0
Mapping analysis	<ul style="list-style-type: none"> There are no HMO concentrations greater than 10% within this ward

HMO Survey Feedback

Number (and %) of submitted survey responses received within ward	6 (3%)
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Summary of feedback received within ward

Of the 6 survey responses received within the Croyland and Swanspool ward, three respondents are interested members of the public and three responded as 'other', which includes a neighbour to one or more HMO, the landlord of a property neighbouring HMO and a representative of Wellingborough Town Council.

No responses were received from those living in HMO. The respondents described themselves in the following ways:

Homeowner living in the local area	4
Private tenant (not living in HMO)	1
A landlord (not HMO)	1
Other	0
Homeowner living outside of the local area	0

³⁶ Source: Office for National Statistics (ONS, 2020)

(<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annual/midyearpopulationestimates/latest>) accessed via North Northamptonshire Community Insight, available at: <https://northnorthants.communityinsight.org/> (accessed 02.12.2022)

³⁷ Source: Census 2011 (<https://www.nomisweb.co.uk/census/2011/ks403ew>) accessed via North Northamptonshire Community Insight, available at: <https://northnorthants.communityinsight.org/> (accessed 02.12.2022)

³⁸ Source: Census 2011 (<https://www.nomisweb.co.uk/census/2011/ks403ew>) accessed via North Northamptonshire Community Insight, available at: <https://northnorthants.communityinsight.org/> (accessed 02.12.2022)

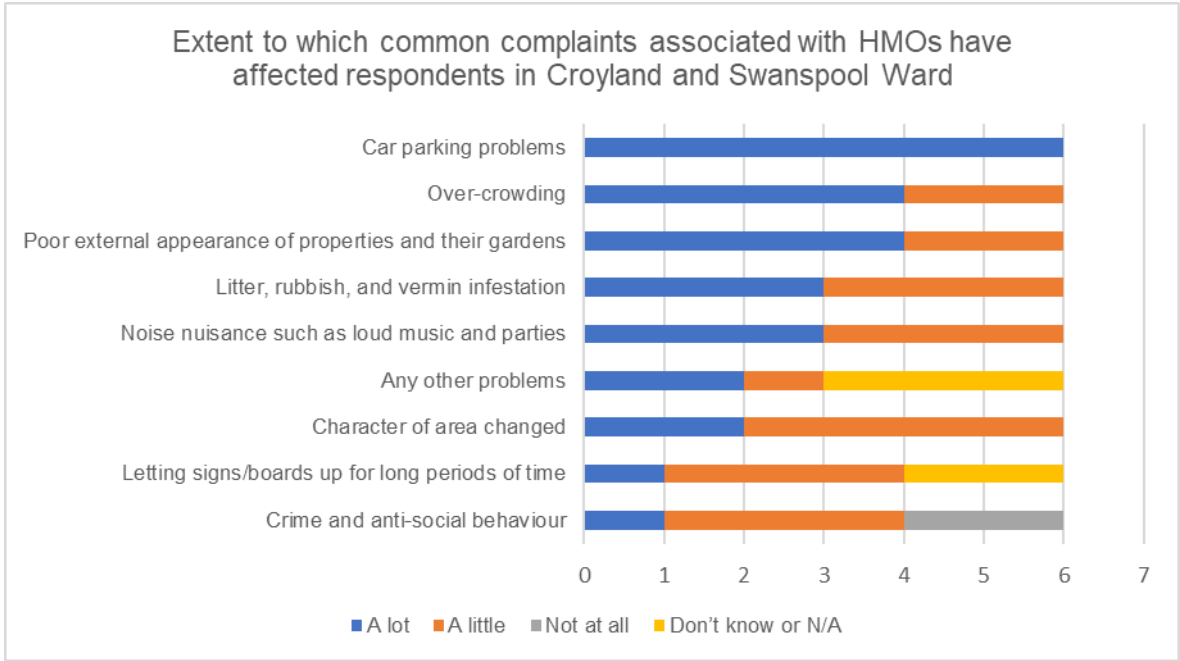
³⁹ Ministry of Housing Communities and Local Government (MHCLG)

(<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>) accessed via North Northamptonshire Community Insight, available at: <https://northnorthants.communityinsight.org/> (accessed 02.12.2022)

⁴⁰ Licensed, Non-licensed and Council Tax HMO figures are consistent with those reported to PPEAP in February 2022.

A local business	0
Letting/Managing agent responsible for properties in the local area	0
A social housing tenant (not HMO)	0
Living with parents/family	0

When asked to what extent they have been affected by some of the most common complaints associated with HMO the following responses were given; these are ranked according to the highest number of responses stating 'a lot' to a type of complaint:



Responses to 'other problems' included fire, poorly managed properties and landlords not being contactable, litter, fly-tipping, vermin, sewage, flooding and parking problems.

When asked if the above issues had been experienced as a consequence of HMO in the local area, the majority indicated yes at 67%, and no at 33%. Respondents were asked to provide an explanation for their response; the most common response was parking problems, blocked access and abandoned vehicles, but other comments included poor property conditions, unauthorised work, overcrowding, noise and other anti-social behaviour such as drugs, drinking, shouting, barbecues and parties.

The survey asked if any of the above issues had been reported within the last 12 months and where these had been reported to. The results indicated that a total of 8 reports had been made in the last 12 months to the following individuals and organisations:

Tenants	2
Council	2
Local councillor	2
Landlord or agent	1
Police	1
Community Warden	0

Of the 8 reported issues responses indicate that 63% were resolved with difficulty and 38% remain unresolved. Feedback shows the highest proportion of issues resolved (with difficulty) were those reported to the landlord/agent and the Council, but the highest proportion of unresolved issues includes that reported to the Police.

The survey feedback identified one property to be investigated further to determine if operating as HMO, which has confirmed to be operating as a small HMO that does not require mandatory licensing.

Police Crime Data⁴¹

Total crime offences per 1,000 population between September 2021 and August 2022 (actual number in brackets)	214.7 (3,014)
Kettering urban area average	117 (6,352)
North Northamptonshire average	99.8 (34,987)
England average	95.7 (5,360,288)

Supplementary site visits

Supplementary site visits were not undertaken as there are no identified HMO concentrations greater than 10% within this ward.

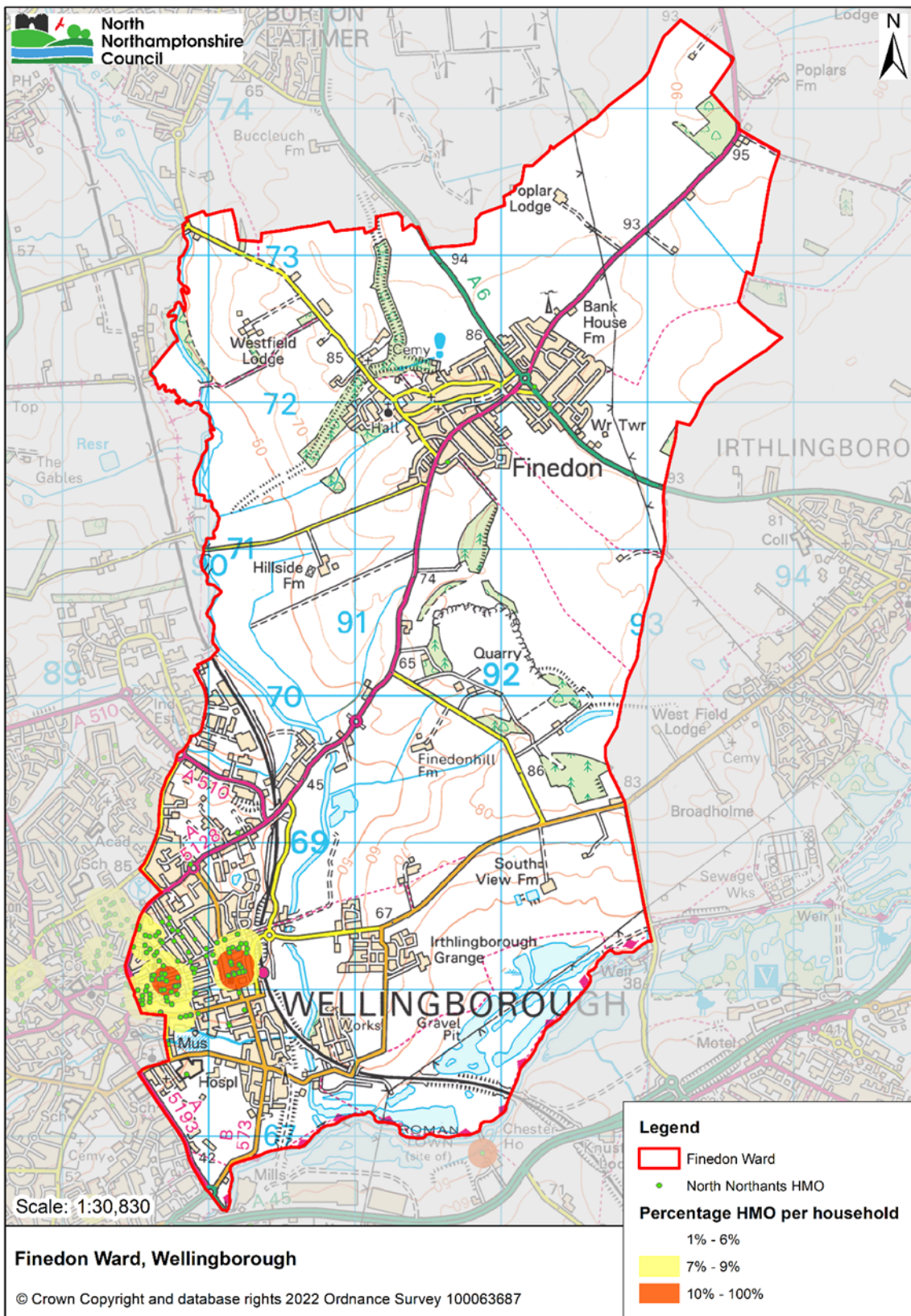
Other information

Environmental complaints recorded by the Council between 01.10.2018 and 30.09.2021	Data not available
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⁴¹ Source: Police UK (Police recorded crime figures) (<https://data.police.uk/>) accessed via North Northamptonshire Community Insight, available at: <https://northnorthants.communityinsight.org/> (accessed 18.11.2022)

Finedon Ward, Wellingborough

Map showing distribution and concentrations of HMO



Demographics

Total population ⁴²	14,816
Age profile of population - % (actual number)	Aged 0-15: 20% (2,967) Aged 16-64 working age: 63.9% (9,465) Aged 65+: 16.1% (2,384)
Population density (persons per hectare)	7.01
Overcrowded housing - % (actual number) ⁴³	8.7% (488)
Vacant dwellings - % (actual number) ⁴⁴	4.4% (257)
Index of Multiple Deprivation (IMD) 2019 (a lower rank indicates that an area is experiencing high levels of deprivation) ⁴⁵	11,803

HMO Profile⁴⁶

HMO ward total	130
Proportion of ward households	1.53%
Proportion of HMO in North Northamptonshire	12%
Licensed HMO	36
Non-licensed HMO	39
Council Tax HMO	55

HMO Concentration Buffers

Number of HMO with concentration of 10% or higher within 100m distance	9
Mapping analysis	Concentrations greater than 10% are located on the following streets: <ul style="list-style-type: none"> • Elsdon Road • Knox Road • Newcomen Road • Salisbury Road

HMO Survey Feedback

Number (and %) of submitted survey responses received within ward	6 (3%)
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Summary of feedback received within ward

Of the 6 survey responses received within the Finedon ward, three respondents are interested members of the public; two responded as the owner or landlord of HMO and one responded as 'other' describing themselves as a neighbour to HMO.

No responses were received from those living in HMO. The respondents described themselves in the following ways:

Homeowner living in the local area	4
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⁴² Source: Office for National Statistics (ONS, 2020)

(<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annual/midyearpopulationestimates/latest>) accessed via North Northamptonshire Community Insight, available at: <https://northnorthants.communityinsight.org/> (accessed 02.12.2022)

⁴³ Source: Census 2011 (<https://www.nomisweb.co.uk/census/2011/ks403ew>) accessed via North Northamptonshire Community Insight, available at: <https://northnorthants.communityinsight.org/> (accessed 02.12.2022)

⁴⁴ Source: Census 2011 (<https://www.nomisweb.co.uk/census/2011/ks403ew>) accessed via North Northamptonshire Community Insight, available at: <https://northnorthants.communityinsight.org/> (accessed 02.12.2022)

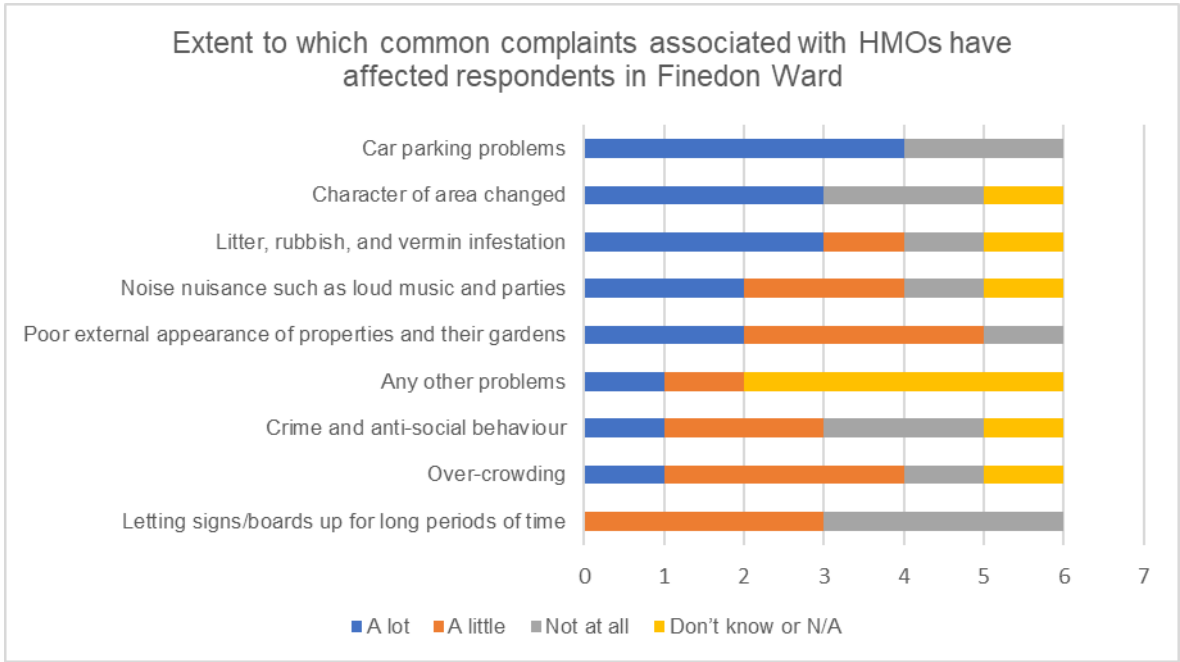
⁴⁵ Ministry of Housing Communities and Local Government (MHCLG)

(<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>) accessed via North Northamptonshire Community Insight, available at: <https://northnorthants.communityinsight.org/> (accessed 02.12.2022)

⁴⁶ Licensed, Non-licensed and Council Tax HMO figures are consistent with those reported to PPEAP in February 2022.

A local business	2
Homeowner living outside of the local area	1
Letting/Managing agent responsible for properties in the local area	1
Living with parents/family	1
A landlord (not HMO)	0
Private tenant (not living in HMO)	0
A social housing tenant (not HMO)	0
Other	0

When asked to what extent they have been affected by some of the most common complaints associated with HMO the following responses were given; these are ranked according to the highest number of responses stating ‘a lot’ to a type of complaint:



The most common responses to ‘other problems’ included fly-tipping, rubbish, waste and litter; however, noise, fighting, parking problems, intimidation, parties and gas canisters were also highlighted.

When asked if the above issues had been experienced as a consequence of HMO in the local area, the majority indicated yes at 67%, and no at 33%. Respondents were asked to provide an explanation for their response; the most common response was parking problems, but others also included litter, poorly maintained gardens and unkempt properties, criminal behaviour, poor landlords and agents, unregulated and unsafe properties, and nuisance children.

The survey asked if any of the above issues had been reported within the last 12 months and where these had been reported to. The results indicated that a total of 11 reports had been made in the last 12 months to the following individuals and organisations:

Council	4
Landlord or agent	3
Tenants	2
Police	2
Local councillor	0
Community Warden	0

Of the 11 reported issues responses indicate that 55% were resolved with difficulty and 45% remain unresolved. Feedback shows the highest proportion of issues were resolved (with difficulty) in cases that were reported to tenants, with HMO landlord/agents having the highest proportion of unresolved issues.

No properties within the ward have been highlighted for further investigation as part of the feedback received.

Police Crime Data⁴⁷

Total crime offences per 1,000 population between September 2021 and August 2022 (actual number in brackets)	109.3 (1,619)
Kettering urban area average	117 (6,352)
North Northamptonshire average	99.8 (34,987)
England average	95.7 (5,360,288)

Supplementary site visits

Site visit photographs (22.11.2022)



⁴⁷ Source: Police UK (Police recorded crime figures) (<https://data.police.uk/>) accessed via North Northamptonshire Community Insight, available at: <https://northnorthants.communityinsight.org/> (accessed 18.11.2022)
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Site visit comments

A walkaround was undertaken by officers during a weekday morning, which included those areas identified as having HMO concentrations of 10% or greater.

The walkaround allowed the following observations:

- A high number of household waste bins outside terraced properties; however, these were rarely blocking the footpath.
- A couple of instances of household waste left on the path, example of Salisbury Road is included in the photographs; however, these consisted of smaller general waste rather than larger household items.
- One example of a boarded-up shop was noted, included within the photographs, but the general appearance of properties appeared to be in average to good condition.
- One falling down fence was noted.
- There were average numbers of cars in most areas and there were some areas with parking courts, which appeared to take an overflow of cars from the terraced streets; however, in some of the narrower streets cars were parked partially blocking the footpath, which can result in unusable footpaths when combined with household waste bins on already narrow footpaths. It is noted that

site visits were undertaken during the working day, so this will not be representative of the number of cars in the area at other times of the day.

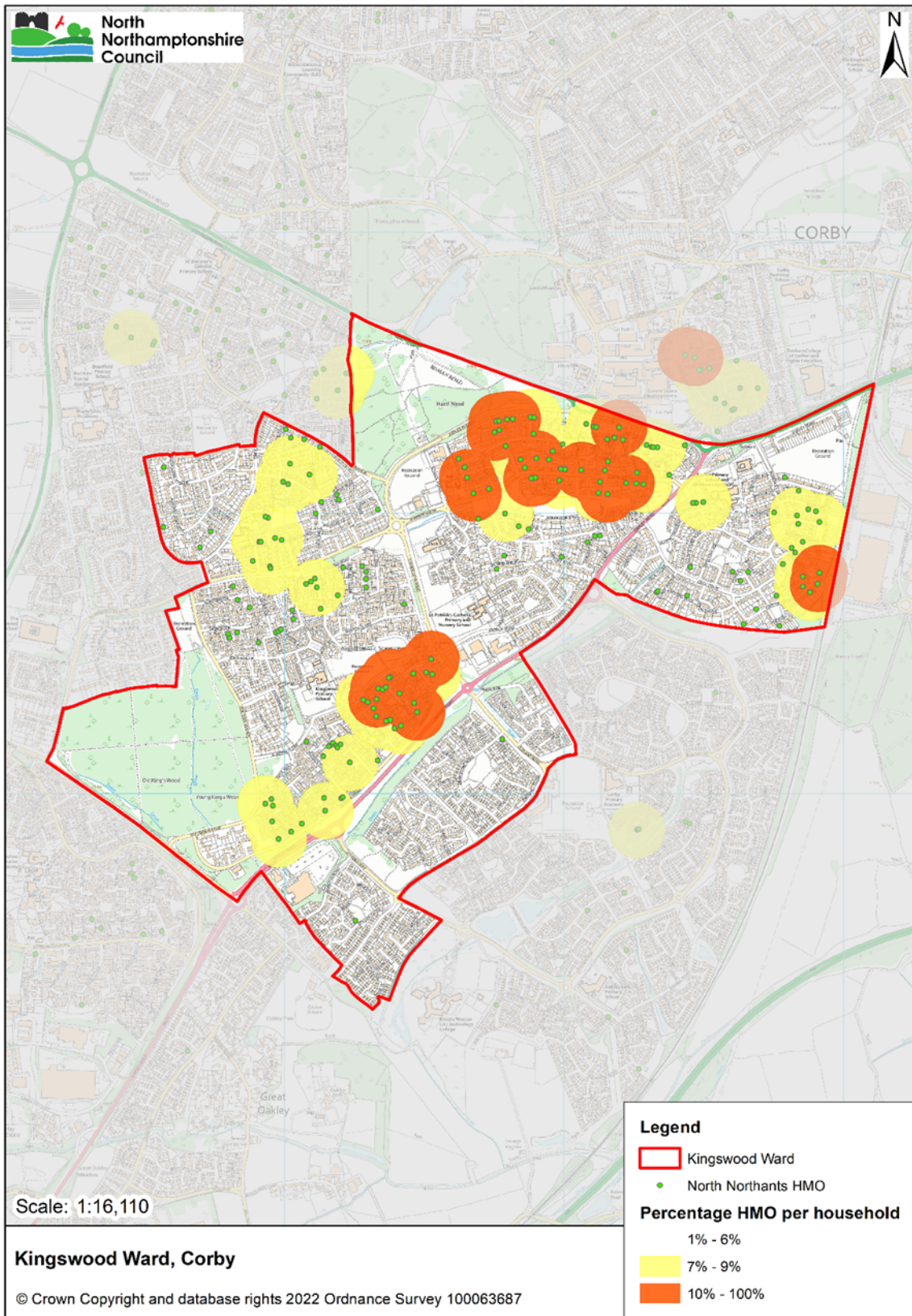
- There appeared to be a low number of for sale or to let boards on display.
- HMO properties did not appear to be distinguishable from other properties.

Other information

Environmental complaints recorded by the Council between 01.10.2018 and 30.09.2021	Data not available.
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Kingswood Ward, Corby

Map showing distribution and concentrations of HMO



Demographics

Total population ⁴⁸	15,808
Age profile of population - % (actual number)	Aged 0-15: 24% (3,792) Aged 16-64 working age: 64% (10,123) Aged 65+: 12% (1,893)
Population density (persons per hectare)	47.13
Overcrowded housing - % (actual number) ⁴⁹	7.3% (440)
Vacant dwellings - % (actual number) ⁵⁰	4.3% (274)
Index of Multiple Deprivation (IMD) 2019 (a lower rank indicates that an area is experiencing high levels of deprivation) ⁵¹	5,726

HMO Profile⁵²

HMO ward total	202
Proportion of ward households	2.46%
Proportion of HMO in North Northamptonshire	18%
Licensed HMO	190
Non-licensed HMO	12
Council Tax HMO	0

HMO Concentration Buffers

Number of HMO with concentration of 10% or higher within 100m distance	35
Mapping analysis	<p>Concentrations greater than 10% are located on the following streets:</p> <ul style="list-style-type: none"> • Blenheim Walk • Constable Road • Croyde Avenue • Daniel Walk • Exmouth Avenue • Gainsborough Road • Holyrood Walk • Kensington Walk • Landseer Court • Llewellyn Walk • Rossetti Road • Spencer Walk • Westminster Walk

HMO Survey Feedback

Number (and %) of submitted survey responses received within ward	48 (23%)
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⁴⁸ Source: Office for National Statistics (ONS, 2020)

(<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annual/midyearpopulationestimates/latest>) accessed via North Northamptonshire Community Insight, available at: <https://northnorthants.communityinsight.org/> (accessed 02.12.2022)

⁴⁹ Source: Census 2011 (<https://www.nomisweb.co.uk/census/2011/ks403ew>) accessed via North Northamptonshire Community Insight, available at: <https://northnorthants.communityinsight.org/> (accessed 02.12.2022)

⁵⁰ Source: Census 2011 (<https://www.nomisweb.co.uk/census/2011/ks403ew>) accessed via North Northamptonshire Community Insight, available at: <https://northnorthants.communityinsight.org/> (accessed 02.12.2022)

⁵¹ Ministry of Housing Communities and Local Government (MHCLG)

(<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>) accessed via North Northamptonshire Community Insight, available at: <https://northnorthants.communityinsight.org/> (accessed 02.12.2022)

⁵² Licensed, Non-licensed and Council Tax HMO figures are consistent with those reported to PPEAP in February 2022.

Summary of feedback received within ward

Of the 48 survey responses received within the Kingswood ward, two respondents answered as living in an HMO, 32 responded as interested members of the public and 14 responded as other, which generally includes those neighbouring or living near to one or more HMO.

Living in HMO

Both respondents living in an HMO stated their reasons for choosing this type of accommodation as being due to convenience of location and affordability (low cost), with one also including social interaction as a reason. The first respondent was fairly or very dissatisfied with the condition of the property, safety and management of the property, attitude of the landlord/agent and speed of repairs, whereas the second respondent was very satisfied with all of these aspects. The dissatisfied tenant had received or been made aware of complaints relating to their HMO property reporting this to other tenants, and the satisfied tenant had reported these to the landlord/agent. The first tenant indicated the problem was able to be resolved with difficulty and the second indicated this was easily resolved.

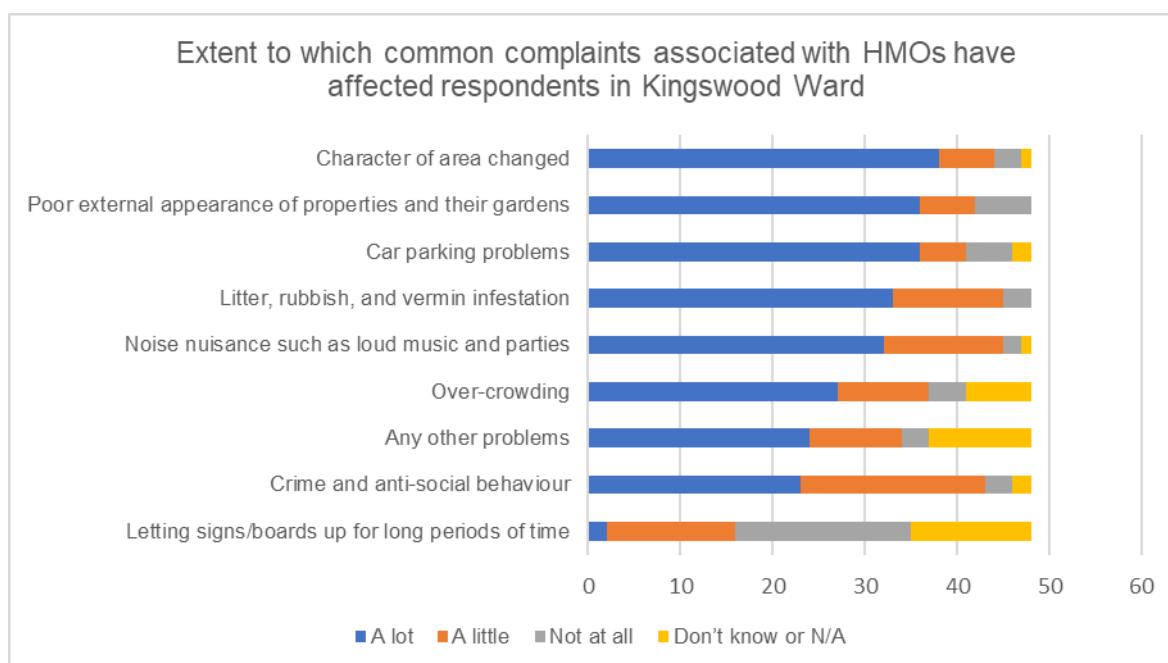
The first HMO tenant indicated that they had experienced over-crowding, car parking problems, crime and anti-social behaviour, and changed character of the area. The second tenant indicated that they had not experienced any of these things.

Not living in HMO

A total of 46 survey responses were received from those within the Kingswood ward that do not live in a HMO; 30 of those responding are homeowners living in the local area, 6 are private tenants not living in HMO, 1 is a local business, 6 are social housing tenants not living in HMO, 1 lives with parents/family, and 3 responded as other, which includes a Council tenant in the area, a homeowner living next door to HMO and a Councillor.

All responses

When asked to what extent they have been affected by some of the most common complaints associated with HMO the following responses were given; these are ranked according to the highest number of responses stating 'a lot' to a type of complaint:



In most cases responses to 'other problems' fit within the other categories, but these provide local insight of the issues experienced within Kingswood. The most common responses include the effects on the local area, loud noise and music, rubbish and fly tipping as well as criminal and anti-social behaviour including intimidation, drugs, drinking, fighting and urinating. The responses have been grouped by themes and can be summarised by the following word cloud:

Police Crime Data⁵³

Total crime offences per 1,000 population between September 2021 and August 2022 (actual number in brackets)	128.1 (2,025)
Kettering urban area average	105.5 (7,708)
North Northamptonshire average	99.8 (34,987)
England average	95.7 (5,360,288)

Supplementary site visits

Site visit photographs (10.11.2022)



⁵³ Source: Police UK (Police recorded crime figures) (<https://data.police.uk/>) accessed via North Northamptonshire Community Insight, available at: <https://northnorthants.communityinsight.org/> (accessed 18.11.2022)
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Site visit comments

A walkaround was undertaken by officers during a weekday morning, which included those areas identified as having HMO concentrations of 10% or greater.

The walkaround allowed the following observations:

- A high number of household waste bins, in many cases left on the road or walkways, some of which were overflowing.
- In some cases, large red biffa bins were apparent in front gardens, although these gardens were clear of waste the bins themselves were large and unsightly.
- A number of front gardens, particularly those on walkways, contained larger household waste items, including sofas, mattresses and other furniture. Several cases of fly-tipping were also noted.
- The external appearance of some properties was poor with a high number of garden fences falling over or in poor condition.
- There were high numbers of cars in some areas, particularly around entrances to walkways, with some cars in disrepair. It is noted that site visits were undertaken during the working day, so this will not be representative of the number of cars in the area at other times of the day.
- There did not appear to be a high number of for sale or to let boards on display; however, where these were they did seem to be neighbouring a property that appeared degraded externally.

The issues are not necessarily directly attributable to multi-occupancy accommodation; however, the observations made in Kingswood ward reflect those commonly associated with HMO and are most obvious in areas of high HMO development; therefore, it is considered any increased concentrations of HMO in an area already experiencing these issues will inevitably exacerbate the issues further.

Other information

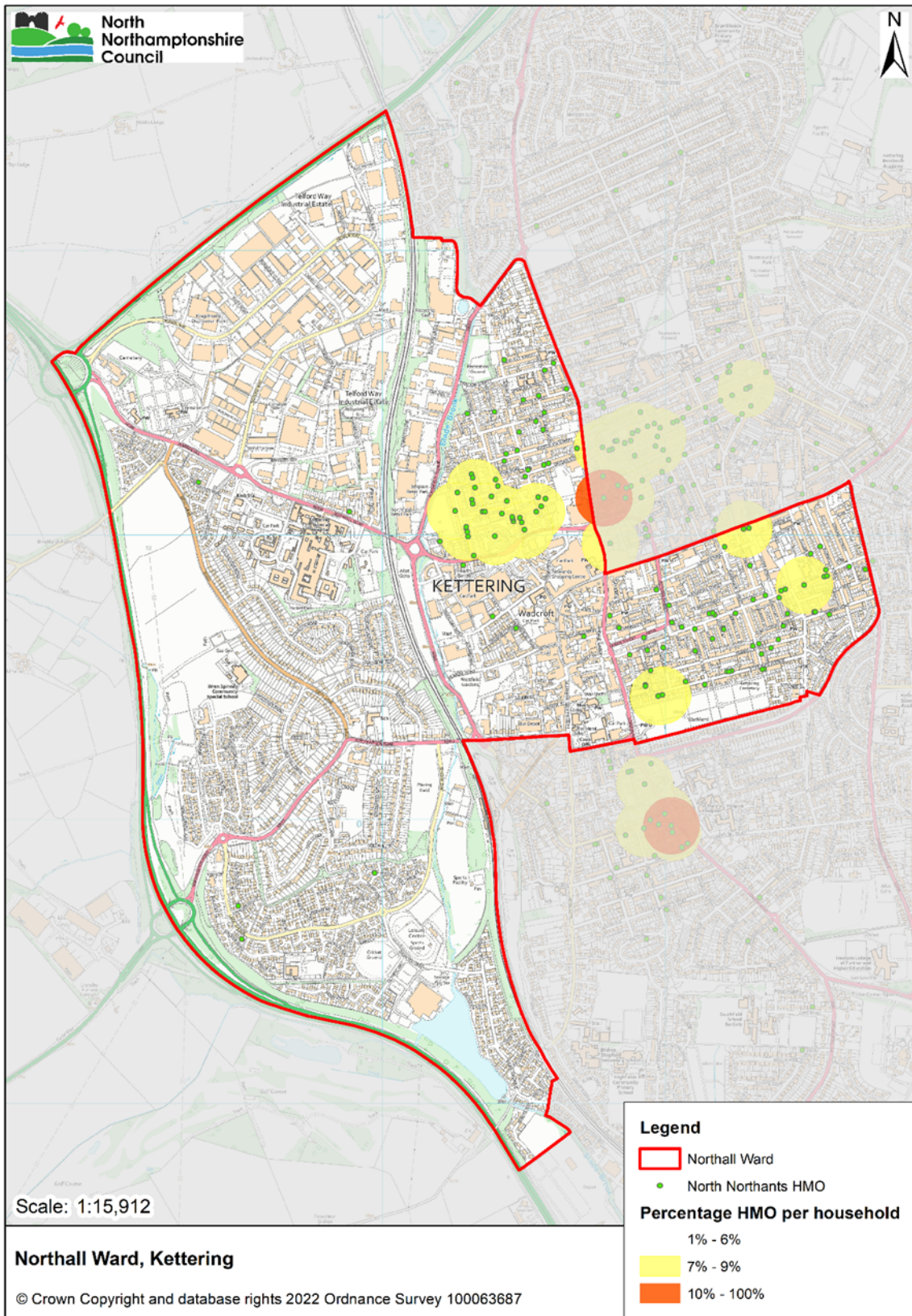
Environmental complaints recorded by the Council between 01.10.2018 and 30.09.2021

Noise = 130
Housing condition = 79
Amenity = 16
Waste = 250

	(Total = 475)
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Northall Ward, Kettering

Map showing distribution and concentrations of HMO



Demographics

Total population ⁵⁴	14,593
Age profile of population - % (actual number)	Aged 0-15: 19.9% (2,900) Aged 16-64 working age: 64.6% (9,434) Aged 65+: 15.5% (2,259)
Population density (persons per hectare)	30.32
Overcrowded housing - % (actual number) ⁵⁵	7.9% (461)
Vacant dwellings - % (actual number) ⁵⁶	5.8% (364)
Index of Multiple Deprivation (IMD) 2019 (a lower rank indicates that an area is experiencing high levels of deprivation) ⁵⁷	13,761

HMO Profile⁵⁸

HMO ward total	128
Proportion of ward households	1.32%
Proportion of HMO in North Northamptonshire	11%
Licensed HMO	49
Non-licensed HMO	66
Council Tax HMO	13

HMO Concentration Buffers

Number of HMO with concentration of 10% or higher within 100m distance	0
Mapping analysis	<ul style="list-style-type: none">• There are no HMO concentrations greater than 10% within this ward

HMO Survey Feedback

Number (and %) of submitted survey responses received within ward	5 (2%)
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Summary of feedback received within ward

Of the 5 survey responses received within the Northhall ward, two respondents are interested members of the public; one responded as the owner or landlord of HMO and two responded as 'other', which include an Electricity Distribution Network Operator and a neighbour to HMO.

No responses were received from those living in HMO. The respondents described themselves in the following ways:

Homeowner living in the local area	3
Private tenant (not living in HMO)	1
Other	1
A local business	0
Homeowner living outside of the local area	0

⁵⁴ Source: Office for National Statistics (ONS, 2020)

(<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annual/midyearpopulationestimates/latest>) accessed via North Northamptonshire Community Insight, available at: <https://northnorthants.communityinsight.org/> (accessed 02.12.2022)

⁵⁵ Source: Census 2011 (<https://www.nomisweb.co.uk/census/2011/ks403ew>) accessed via North Northamptonshire Community Insight, available at: <https://northnorthants.communityinsight.org/> (accessed 02.12.2022)

⁵⁶ Source: Census 2011 (<https://www.nomisweb.co.uk/census/2011/ks403ew>) accessed via North Northamptonshire Community Insight, available at: <https://northnorthants.communityinsight.org/> (accessed 02.12.2022)

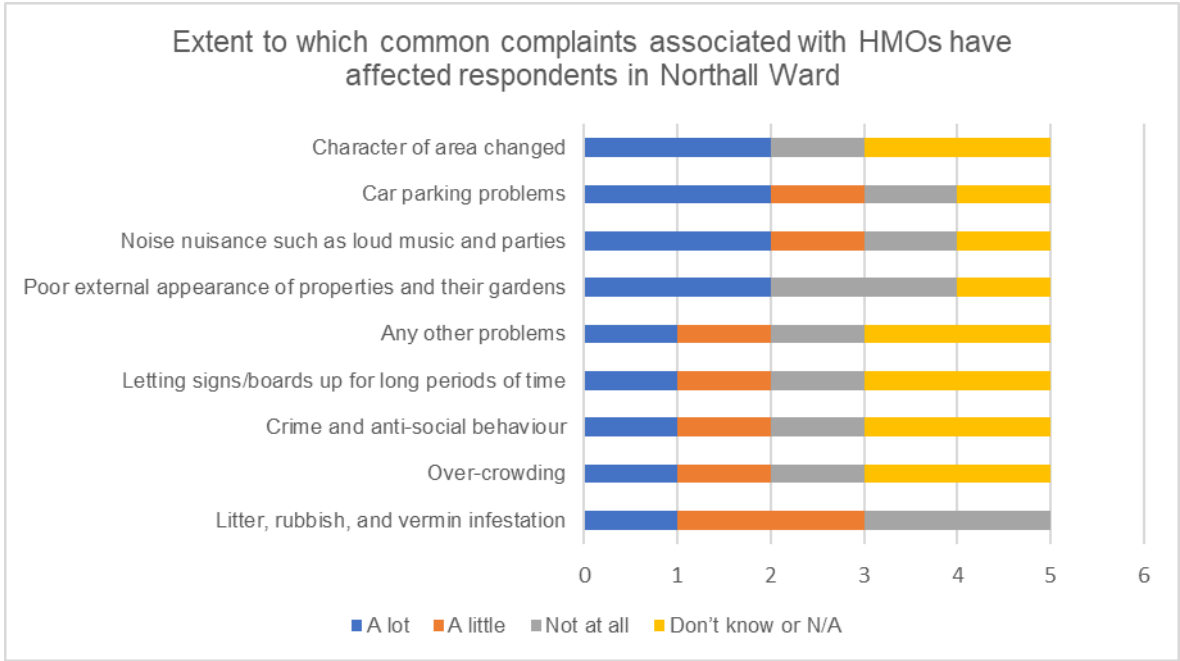
⁵⁷ Ministry of Housing Communities and Local Government (MHCLG)

(<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>) accessed via North Northamptonshire Community Insight, available at: <https://northnorthants.communityinsight.org/> (accessed 02.12.2022)

⁵⁸ Licensed, Non-licensed and Council Tax HMO figures are consistent with those reported to PPEAP in February 2022.

Letting/Managing agent responsible for properties in the local area	0
Living with parents/family	0
A landlord (not HMO)	0
A social housing tenant (not HMO)	0

When asked to what extent they have been affected by some of the most common complaints associated with HMO the following responses were given; these are ranked according to the highest number of responses stating 'a lot' to a type of complaint:



Responses to 'other problems' referred to the local area having been affected by the presence of HMO.

When asked if the above issues had been experienced as a consequence of HMO in the local area, the majority indicated yes at 60%, and no at 40%. Respondents were asked to provide an explanation for their response; these included rubbish, waste and fly-tipping; noise, loud music, loud talking and parties; abandoned vehicles and blocked access; overcrowding and anti-social behaviour.

The survey asked if any of the above issues had been reported within the last 12 months and where these had been reported to. The results indicated that a total of 4 reports had been made in the last 12 months to the following individuals and organisations:

Council	2
Tenants	1
Local councillor	1
Landlord or agent	0
Police	0
Community Warden	0

Of the 5 reported issues responses indicate that 25% were resolved with ease, 50% were resolved with difficulty and 25% remain unresolved. Feedback shows the resolved issues were those reported to the Council or tenants; whereas the issue reported to the Local Councillor was not resolved.

The survey feedback identified two properties to be investigated further to determine if operating as HMO. One property is operating as a licensed HMO and the other is confirmed as a single-family unit.

Police Crime Data⁵⁹

Total crime offences per 1,000 population between September 2021 and August 2022 (actual number in brackets)	227.7 (3,315)
Kettering urban area average	118.4 (9,024)
North Northamptonshire average	99.8 (34,987)
England average	95.7 (5,360,288)

Supplementary site visits

Supplementary site visits were not undertaken as there are no identified HMO concentrations greater than 10% within this ward.

Other information

Environmental complaints recorded by the Council between 01.10.2018 and 30.09.2021	Data not available
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⁵⁹ Source: Police UK (Police recorded crime figures) (<https://data.police.uk/>) accessed via North Northamptonshire Community Insight, available at: <https://northnorthants.communityinsight.org/> (accessed 18.11.2022)

Appendix 3: Article 4 Direction Proposed Boundary

