ITEM NO. 6.1

Report of:	**Head of Environmental Health**
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Portfolio Leader:	**Housing**
Key Decision:	**No**
Report Track:	**24 March 2015**

HOUSING POLICY DEVELOPMENT COMMITTEE

24 MARCH 2015

Houses in Multiple Occupation (HMO)

1 Purpose of Report

1.1 To inform Members of the current status of shared rental accommodation within the district.

2 Recommendations

2.1 That Members endorse the HMO standards proposed in Appendix 1and recommend them to Cabinet for approval.

2.2 That Members endorse the principle of a risk based inspection programme proposed in Appendix 2 and recommend it to Cabinet for approval.

3 Key Issues and Reasons for Recommendation

3.1 The Council has a duty to respond to the discovery or suspicion of category 1 hazards. These are commonly encountered in the worst properties in the private rented sector.

3.2 Activity to prevent or remedy category 1 hazards and mismanagement has a direct bearing on the safety and health of residents.

4 Relationship to Corporate Priorities

4.1 The service aim to “improve the quality and availability of Private Sector Housing” forms part of the Housing Portfolio section within the agreed 2014-15 “Place” Priority Delivery Plan.

5 Report Detail

5.1 Under the Housing Act 2004 an HMO is defined as a dwelling which is let to three or more tenants who form two or more households and who share a kitchen, bathroom or toilet.

A dwelling shared by two tenants is not classed as an HMO.

A landlord sharing his home with up to two tenants is not classed as an HMO.

Development Control use a threshold of six occupants as the definition of an HMO. Consequently most HMOs do not require planning permission.

5.2 Mandatory licensing for HMOs applies when the dwelling has three storeys and has five or more tenants. At present there is only one licensed HMO in the district.

5.3 The Private Rented Sector has doubled in size both nationally and locally in the last ten years. Private renting has now overtaken social renting as the second largest tenure type (behind owner occupation). Demand for all accommodation is strong. Given the restricted numbers of social rented properties and cost of home ownership, demand for private rented has been steadfastly robust.

5.4 This is also reflected at the worst end of the market. Whilst there are many good private rented homes in use, the latest English House Condition Survey reports that one third of private rentals fail the decent home standard and one fifth contain a category 1 hazard (significant risk to safety or health).

When environmental health officers inspect a dwelling they look for any risk of harm to an actual or potential occupier of a dwelling, which results from any deficiency that can give rise to a hazard. They judge the severity of the risk by thinking about the likelihood of an occurrence that could cause harm over the next twelve months, and the range of harms that could result. The officers make these judgements by reference to those who, mostly based on age, would be most vulnerable to the hazard, even if people in these age groups are not actually living in the property at the time. A category 1 hazard exists when the numerical score exceeds 1000 indicating a serious risk to the safety or health of residents.

Some landlords are ignorant of their responsibilities or choose to ignore them.

5.5 HMOs offer lower cost shared accommodation and when well run and managed provide a valuable component of the housing stock. However, this type of property tends to attract the more vulnerable members of society and consequently the prevalence of alcohol, smoking, crime and drug use is higher in such tenancies than in those with single occupancy.

5.6 The risks to health are considerably higher than other tenures because of the transient nature of occupancy and lower inter-dependency. Risk from fire is significantly higher and specific requirements exist for fire detection and control.

5.7 There can be a tendency for tenants to avoid responsibility because the dwellings are in shared occupation and common areas can be neglected leading to dirty conditions, vermin, abuse of the property and eventually dangerous situations.

Management of the shared areas can be neglected and there is a specific set of regulations aimed at maintaining reasonable standards.

5.8 Other issues commonly affecting HMOs are as follows:-

- Space with undersized rooms being offered as accommodation.

- Inadequate heating.

- Sufficient kitchen and bathroom provision for the number of occupants.

Generally, all HMOs should be free of category 1 hazards.

5.9 There is no mandatory requirement for HMOs to be inspected but because of the higher risks that they present most housing authorities carry out surveys on at least a response basis and many on a programmed basis.

5.10 Dwellings will fall into and out of the definition of an HMO as the number of occupants varies or the owner changes the use of the property. As indicated at 5.1 above changing from single occupancy to a HMO housing three – five tenants will not require planning consent.

At present, there is no requirement for landlords of prospective HMOs to contact the Council for advice unless a licence is necessary. Currently, there are 35 known HMOs the district of which one is a licensed HMO.

5.11 The guidance for HMO standards is dated. In January 1999 Cannock Chase District Council adopted the 1994 Chartered Institute of Environmental Health amenity standards for HMOs which covered space, kitchen and bathroom facilities and other elements of repair.

5.12 More recently the Housing Act 2004 introduced the Housing Health and Safety Rating System which covers HMOs. In 2008 Local Authority Coordinators of Regulatory Services (LACORS) introduced widely accepted guidance on fire safety in residential properties including HMOs.

5.13 With the introduction of mandatory licensing many authorities took the opportunity to adopt their own standards on space and provision of amenities as it was considered that some of the earlier standards were overly prescriptive and did not meet the current pressures on the housing stock.

5.14 The standards proposed in Appendix 1 have been determined having due regard to earlier guidance and the analysis of standards adopted by other housing authorities in the Midlands area.

5.15 At present the Council does not have a planned programme of inspections for HMOs. Inspections are carried out as and when new ones emerge or in

response to a complaint. It is recognised that this is not ideal and propose to develop a risk based inspection programme (Appendix 2).

5.16 Inspections may result in the provision of appropriate advice and guidance, or in more serious cases, enforcement action.

5.17 Retaliatory or revenge eviction is a serious problem as most private tenants do not have secure tenancies. Consequently, tenants can be fearful of complaining about poor conditions or safety and health threats. Consequently, when responding to complaints officers visiting to advise and assess attempt, as far as possible, to protect the complainant and to give the appearance of a planned inspection. Officers will then pursue the most appropriate course of action.

6 Implications

6.1 **Financial - None**

6.2 **Legal**

The Council is obliged to take the most appropriate form of action where a Category 1 hazard is found which could include chargeable enforcement notices and prosecution.

If breaches of the management regulations are encountered, the nature of any sanction, including prosecution would be considered in the light of the Environmental Health Service Enforcement Policy.

6.3 **Human Resources**

None

6.4 **Section 17 (Crime Prevention)**

None

6.5 **Human Rights Act**

None

6.6 **Data Protection**

None

6.7 **Risk Management**

None

6.8 **Equality & Diversity**

None

6.9 **Best Value**

None

7	**Appendices to the Report**
APPENDIX 1	HMO Standards for space and amenity March 2015
APPENDIX 2	Risk-based HMO inspection programme March 2015

Previous Consideration

Background Papers

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APPENDIX 1

HMO Standards for space and amenity March 2015

Separately let bedsits

One person bedsit without cooking area 10 square Metres

One person bedsit including cooking area 13 square Metres

Two person bedsit without cooking area 15 square Metres

Two person bedsit including cooking area 19 square Metres

Shared houses

One person room 10 square Metres if adequate communal room 6.5 square Metres

Two person room 15 square Metres if adequate communal room 11 square Metres

Bathroom/WC provision

One bathroom with bath or shower and WC with WHB per 4 occupants

Additional separate WC with WHB at ratio 1 per 5 occupants

Kitchen facilities

One kitchen 7 square Metres containing sink and drainer, conventional slot in cooker, 1500mm worktop, 4 worktop accessible sockets, 2no. 1000mm cupboards (not beneath sink) and tall fridge freezer unit per 4 occupants. Pro rata for additional occupants.

Fire detection and means of escape

All HMOs to be free of category 1 fire hazards and compliant with LACORS publication July 2008 Housing – Fire Safety: Guidance on fire safety provisions for certain types of existing housing.

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APPENDIX 2

Risk-based HMO inspection programme March 2015

The programme will be developed taking into account the following risk factors:

1. Date of last inspection – a point will be awarded for each year since last survey.

2. Cooking in rooms – 2 points to be added.

3. Number of storeys – if single storey deduct a point, a point for every storey above 2.

4. Presence of gas – add 1 point.

5. Previous history of compliance – add 2 points if poor record of compliance.

Newly discovered HMOs will go to the top of the list on the basis of point 1.

The risk factors above have been weighted to reflect the significance of the risk to occupant safety.

We will aim to carry out 12 planned surveys each year and on this basis the current list should be revisited every three years.

The higher risk HMOs should be visited more quickly and more often. The lower risk and better run ones will receive a lighter touch but all will be visited at no longer than three year intervals.