

APPENDIX ONE

Licensing of Houses in Multiple Occupation (HMO) in Southampton



1. SUMMARY

Southampton is a vibrant, diverse and thriving city

The city has just over 100,000 homes of which just under a quarter are rented from private landlords. Within the private rented sector it is estimated that there are 7,000 Houses in Multiple Occupation (HMO). This means that one in ten homes in the city (not owned by the Council) is an HMO which is five times the national average.

The private rented sector is valued by the council, especially the importance of Houses in Multiple Occupation. The council also recognises the role of a healthy strong market for this housing. However, has become increasingly concerned about the impact it has on the rest of the city.

The council receives a high number of complaints from tenants, local residents and other interested parties about the condition and management of HMOs. These complaints are generally about the condition of the properties inside the HMO, noise, rubbish around the property (fly tipping), bins not used appropriately, anti-social behaviour affecting local residents and, in some cases, more serious offences.

Whilst many properties are well managed, there are a significant number of landlords who do not undertake their responsibilities.

The council has undertaken a number of different activities to address these problems and whilst there has been some success, there remain significant issues. The council believes that introducing Additional Licensing will provide a key tool to addressing management and conditions in small Houses in Multiple Occupation.

The Housing Act 2004 sets out the specific requirements that the council must comply with before a designation can be made to introduce Additional Licensing in the city. These are in sections 56 and 57 of the Act.

The aim of this report is to comply with the legislative requirements of the Housing Act 2004 by presenting the evidence needed to support the proposed scheme. This includes information about the consultation exercise that was undertaken and the other evidence required to demonstrate need. The results of the consultation process and the councils response to the issues raised are contained in a separate appendix two.

Bargate at a glance....



Bargate is home to the city centre and to the south of the ward is on the waterfront. Bargate has a lot of terraced housing and flats. It is the home of the retail sector in Southampton with many city centre shops and leisure activities.

The population of Bargate is 18,762; there was an increase of 58.6% between 2001 and 2011. The largest age group are the 20-24 year olds, 29.8% mostly made up of students. The population of Bargate is nearly 8% of the total population of city and the density is 50.7 people per hectare, compared with Southampton at 47.5.

There are an estimated **2000 HMOs** in this ward.

Bargate ward generates more complaints to the EHH service from HMOs and the second highest number of complaints to same service from all rented properties.

Information	Bevois	Bargate	Portswood	Swaythling
No and % of EHH service requests 2009/10	108 (18%)	76 (13%)	65 (11%)	33 (6%)
No and % of EHH service requests 2010/11	92 (17%)	66 (12%)	41 (8%)	23 (4%)
No and % of EHH service requests 2011/12	66 (15%)	65 (14%)	50 (11%)	25 (6%)
% of EHH service requests in consultation period	12%	58%	14%	6%

Bargate is part of the central area of the city.

Information	Central	North
Total number of private homes in area	17,100	13,500
% of cities private homes in the area	22.7%	17.9%
Total number of HMOs in area	4,100	1,800
% of private home in area that are HMOs	23.97%	13.3%
Est. % of category one hazards in HMOs in area	24.8%	11.7%

Bevois at a Glance....



Bevois is in the centre of the city and in terms of housing type has large amounts of terraced housing and flats. It is home to one of the cities hospitals (Royal South Hants) as well as light industrial units. The ward is home to the largest number of black and ethnic communities, businesses and faith organisations in Southampton

The **population** of Bevois is 16,844, an increase of 24% since 2001. The largest age group is the 20-24 year olds at just over 25% (mostly made up of those in higher education). The population is 5.7% of the total population of Southampton and has the highest population **density** in Southampton at 77.6 people per hectare compared with 47.5 for Southampton.

There are an estimated **1500 HMOs** in this ward.

Information	Bevois	Bargate	Portswood	Swaythling
No and % of EHH service requests 2009/10	108 (18%)	76 (13%)	65 (11%)	33 (6%)
No and % of EHH service requests 2010/11	92 (17%)	66 (12%)	41 (8%)	23 (4%)
No and % of EHH service requests 2011/12	66 (15%)	65 (14%)	50 (11%)	25 (6%)
% of EHH service requests in consultation period	12%	58%	14%	6%

Bevois is part of the **central** area of the city.

Information	Central	North
Total number of private homes in area	17,100	13,500
% of cities private homes in the area	22.7%	17.9%
Total number of HMOs in area	4,100	1,800
% of private home in area that are HMOs	23.97%	13.3%
Est. % of category one hazards in HMOs in area	24.8%	11.7%

Portswood at a glance....



Portswood ward is in the north of the city and the area has a mixture of accommodation including large detached houses with gardens, flats, and terraced housing also student halls of residence. To the north of the ward is the residential area of Highfield and this is also where the main campus of the University of Southampton is located. The east of the area is densely populated, St Deny's has railway station and is the gateway to the east of the city across the Cobden Bridge over to Bitterne

The **population** of Portswood is 14,831; the biggest age group is 20 to 24 (27%) of the ward population due to the large student population. It is 6.3% of the population of Southampton and the population **density** of Portswood is 56.3 people per hectare, the second highest ward in Southampton after Bevois.

There are an estimated **1500 HMOs** across Portswood and Swaythling wards.

Information	Bevois	Bargate	Portswood	Swaythling
No and % of EHH service requests 2009/10	108 (18%)	76 (13%)	65 (11%)	33 (6%)
No and % of EHH service requests 2010/11	92 (17%)	66 (12%)	41 (8%)	23 (4%)
No and % of EHH service requests 2011/12	66 (15%)	65 (14%)	50 (11%)	25 (6%)
% of EHH service requests in consultation period	12%	58%	14%	6%

Portswood is part of the **north** area of the city.

Information	Central	North
Total number of private homes in area	17,100	13,500
% of cities private homes in the area	22.7%	17.9%
Total number of HMOs in area	4,100	1,800
% of private home in area that are HMOs	23.97%	13.3%
Est. % of category one hazards in HMOs in area	24.8%	11.7%

Swaythling Ward at a glance....



Swaythling is at the north of the city and is one of two key gateways into the city. It is close to Southampton airport and has good road and rail links

The **population** of Swaythling is 13,664 and the largest age group is aged 15 to 24 forming 35% of the ward. Swaythling makes up nearly 6% of the population of Southampton and population **density** of 45.7 people per hectare, is very similar to Southampton (47.5).

There are an estimated **1500 HMOs** across both Portswood and Swaythling wards

Information	Bevois	Bargate	Portswood	Swaythling
No and % of EHH service requests 2009/10	108 (18%)	76 (13%)	65 (11%)	33 (6%)
No and % of EHH service requests 2010/11	92 (17%)	66 (12%)	41 (8%)	23 (4%)
No and % of EHH service requests 2011/12	66 (15%)	65 (14%)	50 (11%)	25 (6%)
% of EHH service requests in consultation period	12%	58%	14%	6%

Swaythling is part of the north area of the city.

Information	Central	North
Total number of private homes in area	17,100	13,500
% of cities private homes in the area	22.7%	17.9%
Total number of HMOs in area	4,100	1,800
% of private home in area that are HMOs	23.97%	13.3%
Est. % of category one hazards in HMOs in area	24.8%	11.7%

2. A STRATEGIC APPROACH

s.57 (2) before making a designation the authority must ensure that any exercise of the power is consistent with the authority's overall housing strategy.

The Housing Strategy

Southampton City Council published its current housing strategy in 2011 and includes the Private Housing Renewal Strategy 2011-15 (previously a stand alone report). The housing strategy is an overarching strategy setting out the council's priorities to meet local housing needs and aspirations thereby contributing to the overall long-term aim to improve the quality of life for all citizens in Southampton. These priorities are translated into a series of targets and actions including the July 2012 update of the Housing Strategy Action Plan which incorporates a commitment to implement an Additional Licensing Scheme for Houses in Multiple Occupation. In terms of private homes the aim is to focus on private rented homes focussing resources on tackling properties in the worst condition.

The strategy identifies that the right mix of housing is important for a prosperous economy both to meet local needs and in making Southampton a more prosperous, safer, greener and healthier place to live.

Despite the turbulent financial climate, Southampton retains a buoyant housing market. This is underpinned by a dynamic business environment, excellent transport and infrastructure, exceptional education and learning establishments and is a centre of cultural and heritage diversity. The council recognises that housing is the foundation for a good quality life.

The Housing Strategy acknowledges the important relationship between the Council and private landlords. Also that there is a continuing need to work with private landlords and landlord organisations to ensure that minimum standards of safety and management are maintained in a competitive rental market

The council recognises that there are significant national policy and legislative changes that will impact on the local housing market. The Welfare Reform and Housing Benefit Changes will see capped payments of Housing Benefit, an increase in Housing Benefit non dependant deductions, an increased age limit for shared accommodation and see the introduction of Universal Credit. The forecast is for a growth in Houses of Multiple Occupation in the city.

There are two universities in Southampton. Southampton University is one of the top 15 research universities in the UK and Southampton Solent University provides opportunities for vocational and professional learning.

The council is committed to supporting the continued success of the city's universities and the opportunities that this brings for local people and employers as well as inward investment. The city provides a home for approximately 41,000 students attending the two universities. The University of Southampton offers more than 5,000 places in 20 halls of residence to full

time undergraduates and oversees postgraduate students. Solent University has just over 2,300 bed spaces in 6 halls of residence most of which is available for new undergraduates.

The University of Southampton is currently carrying out a review of their student accommodation as the universities will need to consider the impact of changes to funding on student housing. Changes in the type and number of courses provided will impact on the type of accommodation students will need in the city.

Both universities are assessing the impact of the reductions in funding for higher education and the increase in entry fees for courses. This may see a reduction in the number of students; both universities are expanding their own portfolios of accommodation

The significance of this is that there are a large number of private landlords providing accommodation to students in Southampton as well as the accommodation that the universities own and manage themselves.

Private Housing Renewal Strategy

The Private Sector Housing Renewal strategy sets out the key aims, objectives and policy tools for improving privately owned homes in the city taking into account local needs and priorities. Southampton City Council has a commitment to safe, warm and accessible private homes in the city.

Housing quality is crucial to health and well-being, especially for vulnerable, very young and old people, who can be particularly susceptible to poor health associated with unsafe housing. Poor housing conditions can cause a range of physical and mental illnesses and children growing up in difficult housing conditions are more likely to suffer ill health and disability during childhood and early adulthood.

Tackling unsafe housing by removing hazards, in particular associated with excess cold, falls and fire, prevents injuries that require medical treatment and saves lives. Living in a home that is safe, warm and accessible helps residents of all ages to access employment, education, health services and leisure opportunities. The council also recognises that improving private housing also helps the local economy by supporting and creating jobs for example for building contractors and installers of insulation and renewable energy.

Houses in Multiple Occupation

The council has committed to working corporately to improve standards in multiply occupied accommodation where necessary and to tackle community concerns that can be related to properties let in this way. Working together involves housing, planning, waste, environmental health and other services, as necessary.

The council operates the mandatory licensing scheme under the Housing Act 2004, this requires HMOs containing three or more storeys and occupied by five or more people to apply for a licence. This helps ensure that minimum safety and management standards are met in these properties the strategy also sets out a commitment to focus resources on finding unlicensed houses in multiple occupation (HMOs) and to carry out the statutory checks required before issuing a licence. This work is completed within the context of and in accordance with the council's HMO licensing policy.

Health and Wellbeing Strategy

The Health and Wellbeing Strategy has been jointly prepared by the Council and the Southampton City Clinical Commissioning Group. The strategy provides an overarching framework for action across the City for the period 2013 -2016 to promote health and wellbeing in Southampton.

The strategy sets out the need for collective effort across a range of services and activities including those affecting the wider determinants of health such as housing, education, transport, environment and economic regeneration as well as clinical and care services, community interventions, the voluntary sector and the business sector.

It sets out the priority areas for action to improve health and wellbeing for local communities based on the needs identified in Southampton's Joint Strategic Needs Assessment (JSNA).

One of the local six priorities identified is to improve housing options and conditions for people in the city to support healthy lifestyles. The local evidence from the Joint Strategic Needs Assessment (JSNA) identifies the size, condition and management of the cities houses in multiple occupation as an issue to be addressed.

The private rented sector in Southampton

Key features of Southampton's private sector stock

Southampton has an estimated 100,000 homes, of which 53% are owner occupied, 24% are privately rented, 17% are local authority and 6% are housing association. The city has over twice the national average of privately rented accommodation (11% nationally) and below the average number of owner occupied homes (71% nationally). There are about 7,000 Houses in Multiple Occupation (HMOs) of all types, of which 444 of the largest have been licensed. There are an estimated 130 licensable HMOs that continue to operate without a licence.

A large scale stock condition survey carried out in 2008 shows that 38% (28,400) of all private homes do not meet the Decent Homes Standard, of which 8,500 are occupied by vulnerable people. 16,000 fail to meet the

standard because of poor insulation and heating and 14,000 because of one or more serious housing hazards – the most common are excess cold, falls (especially in owner occupied homes) and fire (especially in privately rented homes). The total cost of dealing with this is estimated at £111M.

Older properties (pre-1919) and privately rented homes are generally in the worst condition. There is an estimated need for 3,900 adaptations for disabled people, at an estimated cost of £21M. The research suggested that the most effective use of council resources to improve private homes is to target energy efficiency and adaptations in all private homes and to focus on those privately rented properties in the worst condition.

Although housing conditions are improving, the trend is that they continue to be worse than the national average – 38% (28,400) of Southampton's private homes fail to meet the Decent Homes Standard, compared to 33% nationally. 8,500 of these are occupied by vulnerable people. The situation is worst for older homes (built before 1919), privately rented homes and homes with a young (under 24) or old (over 85) head of household. Poor private housing is more concentrated in Bevois, Bargate and Portswood wards.

14,000 private homes have a serious housing hazard, with a quarter of homes built before 1919 and a quarter of privately rented homes having a hazard that is likely to result in harm that needs medical treatment. The cost of dealing with a serious hazard is estimated at £5,000, rising to an average of £19,000 for more comprehensive repairs.

In terms of energy efficiency, the average SAP rating is 51 (equivalent to energy rating band E on a scale of A to G). There is the potential to improve energy efficiency in 95% of private homes and there remain 7,000 homes with a dangerously low SAP rating of under 35 and an estimated 6,000 vulnerable households in fuel poverty. There are similar levels across owner occupied and privately rented homes however the numbers of households in fuel poverty is forecast to rise with increasing energy costs and the effects of other fiscal and economic factors.

3. HOUSES IN MULTIPLE OCCUPATION – WHAT’S THE PROBLEM?

The council must consider that a significant proportion of the HMOs 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 particular problems either for those occupying the HMOs or for members of the public.

Houses in Multiple Occupation in Southampton

There are just over 100,000 dwellings in Southampton (Census 2011) and of these a little under 25% are rented from private landlords (Census 2011). This is broadly similar to the information gathered as part of the house condition survey completed in 2008 which gave the estimate at 24%. The national picture shows that the proportion of households living in the private rented sector has been rising in recent years, and this trend continued with 16.5% of households renting privately in 2010-11 (EHS 2011).

To put this into local context, this is higher than other comparable local authorities for example Portsmouth has 18%, Brighton and Hove 23% and Bournemouth 22%. All on the south coast with universities.

The number of Houses in Multiple Occupation within the private rented sector in the city is estimated to be 7,000 (SHCS 2008) of which just under 500 meet the requirements of the mandatory licensing provisions of the Housing Act 2004. The remainder are not mandatory licensable. Therefore approximately 9.3% of dwellings in the private sector are HMOs, compared to the national average of 2% of dwellings (EHCS). To put this into context it is higher than Portsmouth (5.9%) and Bournemouth (7.3%) but less than Brighton and Hove (20%).

For the purposes of the CPC Survey the following definition of an HMO was applied:

- An entire house or flat which is let to 3 or more tenants who form 2 or more households and who share a kitchen, bathroom or toilet.
- A house which has been converted entirely into bedsits or other non-self contained accommodation and which is let to 3 or more tenants who form two or more households and who share kitchen, bathroom or toilet facilities.
- A converted house which contains one or more flats which are not wholly self contained (i.e. the flat does not contain within it a kitchen, bathroom or toilet) and which is occupied by 3 or more tenants who form two or more households.

HMO type and occupancy

The vast majority of HMOs in the city are shared houses. Purpose built blocks of flats represent a little over 7% of HMOs and one in four are bedsits.

HMO Type	No of Dwellings	Percent	No of Buildings	Percent
Bed Sit	1,900	27.1%	1,900	28.8%
Converted Flat	600	8.6%	300	4.5%
Other	200	2.9%	100	1.5%
Purpose Built Flat	500	7.1%	500	7.6%
Shared House	3,800	54.3%	3,800	57.6%
	7,000	100.0%	6,600	100.0%

Table of HMO types taken from Stock Condition Survey 2008

A sample of nearly 1000 properties multiply occupied were studied in more detail and when looking at the size of HMOs across the city showed that fewer properties were occupied by only 3 tenants and 5 or more tenants being the most frequent.

No. of Occupants	No. of Properties	% of total
3	106	11%
4	347	35%
5+	539	54%
	992	100%

Table displaying accumulated HMO statistics

The house condition survey identified that the age profile of HMO residents shows a predominance of those in the age band 16 to 24 (48.6%) followed by the 25 to 34 age band (35.4%).

Vulnerable households are defined as those in receipt of the benefits listed below, certain of which are means tested:

- Income support
- Housing benefit
- Council tax benefit
- Income based job seekers allowance
- Attendance allowance
- Disabled living allowance
- Industrial injuries disablement benefit
- War disablement pension
- Pension credit
- Working tax credit (with a disability element) [total income < £15,460]
- Child tax credit [total income < £15,460]

At the time of the CPC Survey, 810 HMOs were occupied by residents in receipt of one of the benefits listed above. Of these an estimated 340 were assessed as non decent, which represents 42% of vulnerably occupied HMOs, compared with 44.4% of dwellings in the wider stock. It should be

noted that these figures are affected by the high proportion of HMOs occupied by students, who are generally not vulnerable as they do not receive benefits. As a result, the overall proportion of HMOs with vulnerable households is relatively small.

As part of the survey work carried out for the house condition survey a detailed breakdown of the members of each household surveyed was undertaken and this enabled the extent of any overcrowding to be assessed.

The following table looks at the levels of overcrowding in HMOs:

Area	Overcrowded	Not Overcrowded
North	20.1%	79.9%
West	34.9%	65.1%
Central	13.7%	86.3%
North East	6.5%	93.5%
South East	20.8%	79.2%
All HMOs	16.8%	83.2%
Southampton all private sector dwellings	4.2%	95.8%

The table indicates, however, that overall, the level of overcrowding in HMOs is substantially higher than in the private sector housing stock as a whole. The rate of overcrowding in HMOs means that just under 1,200 HMOs are overcrowded, which also means that approximately one third of all overcrowded properties in Southampton are HMOs.

The Health Profile 2012 for Southampton from the Department of Health states that deprivation in the city is higher than the national average. The percentage of residents of Southampton living in deprivation is 25.5%, and the England average is 19.8%. The areas of the city that are most deprived coincide with the areas with high proportions of HMOs, especially the wards of Bevois and Bargate.

Property Conditions

The Decent Homes Standard is a government set standard. To meet the standard properties must meet certain criteria, which includes: to be in a reasonable state of repair, to have reasonably modern facilities and services, and to provide a reasonable degree of thermal comfort.

From the HMO data collected as part of the House Condition Survey, it is estimated that 2,940 HMOs (42.1%) can be classified non decent, which compares to the overall stock proportion of 37.7%. The table below gives a breakdown of the reasons for non decency failure within HMOs and compares that against the overall stock position.

Reason	Dwellings	Percent (of non decent HMOs) ¹	Percent (of HMOs)	Percent (of stock)
Category one hazards	1,450	49.3%	20.8%	18.5%
In need of repair	1,060	36.0%	15.2%	11.2%
Lacking modern facilities	20	0.7%	0.2%	0.6%
Poor degree of thermal comfort	1,210	41.1%	17.4%	21.2%

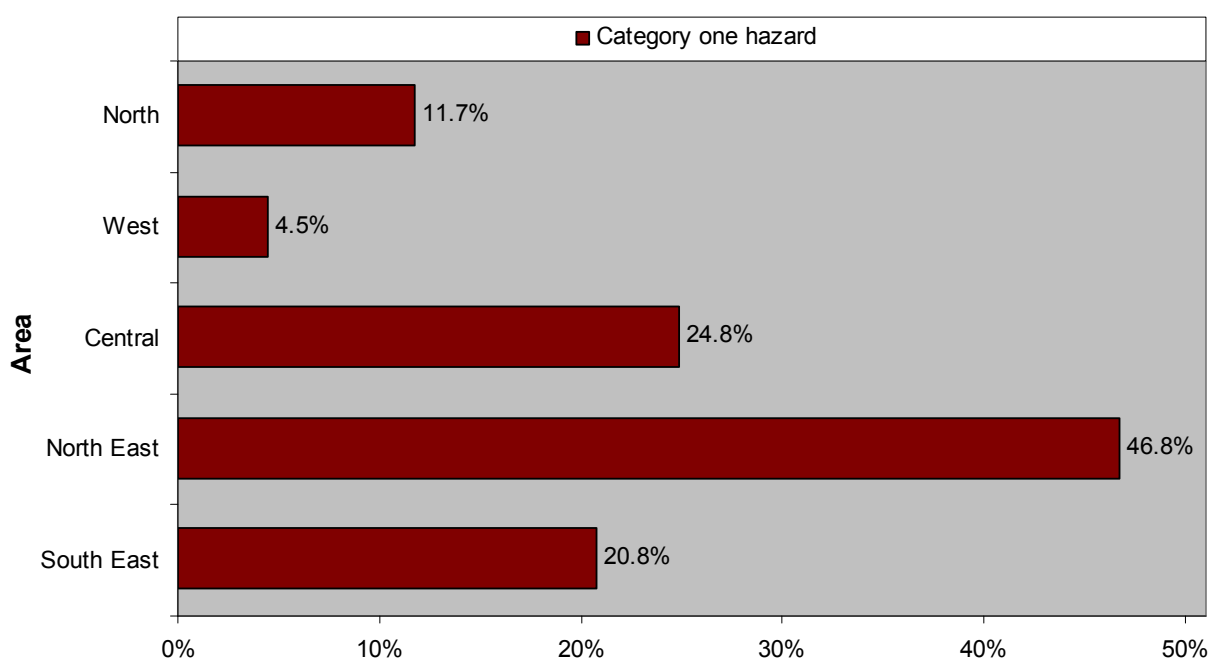
Table of Reasons for failure of dwellings as a decent home taken from the Stock Condition Survey (HMO may fail for more than one reason, therefore, the total for failures can add up to more than 100%)

The Housing Act 2004 introduced a tool to assess defects in properties titled the Housing Health and Safety Rating System (HHSRS). The tool allows local authorities to quantify the likelihood of someone being harmed as a result of the defects in a particular property, and the severity of the harm that may be suffered. By doing so the tool uses a scoring system to sort the defect or defects into either category 1 (bands A-C) or category 2 hazards (bands D-J).

Overall, category one hazards and disrepair are higher than the overall stock rates. The Survey concluded that the proportion of HMOs with a category one hazard is 20.8%, compared to 18.5% of dwellings found in the overall stock.

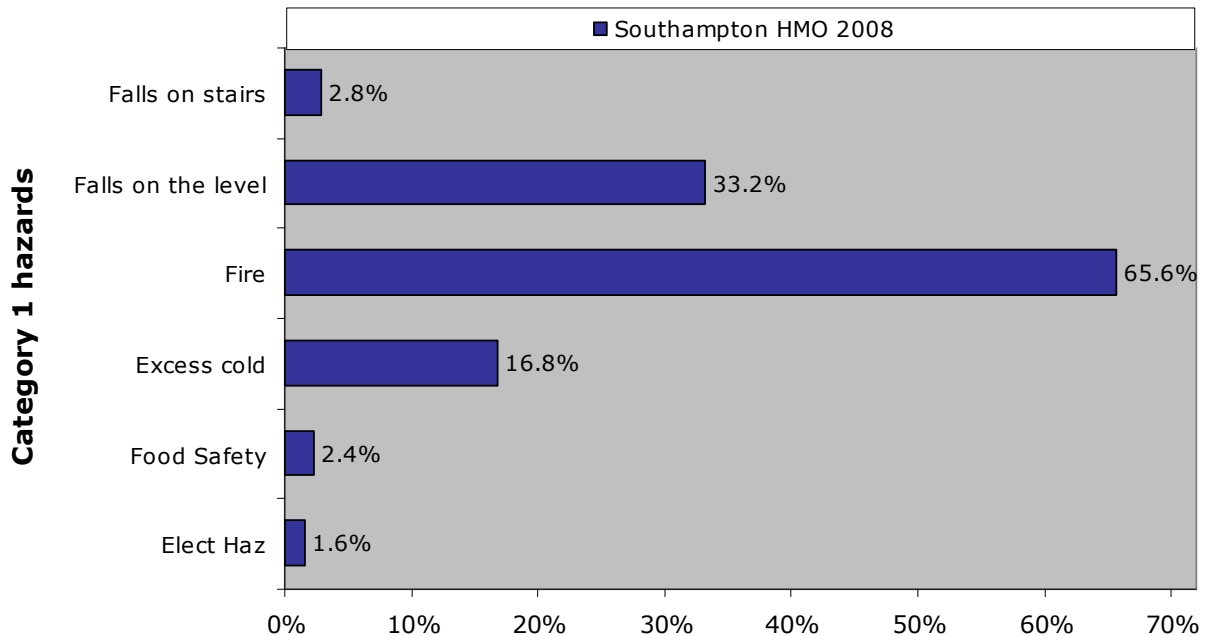
The Survey also considered the category one hazard failures by sub-area. The highest rate of failure is found in the North East sub-area (46.8%) followed by the Central sub-area (24.8%). The lowest rate is found in the West sub-area (4.5%). The following table displays the breakdown of category one hazards in HMOs by sub area.

Rates of category one hazards by sub-area from the Stock Condition Survey 2008



The chart below displays the breakdown of the types of category 1 hazard in HMOs, taken from the 2008 CPC Survey. The Fire hazard is the most commonly occurring category 1 hazard in HMOs.

Table showing Category 1 hazard reason, as % of category 1 hazards



The CPC Survey estimates that the total level of basic remedial works to HMOs with a category one hazard is an average of £3,200 with the comprehensive repair cost being an average of £12,800 per dwelling. Costs are allocated to not only basic failure items, but also the comprehensive cost of repairs in HMOs that have a category one hazard. Comprehensive repair is the level of repair and improvement needed such that no new work is required to the dwelling, in the next 10 years.

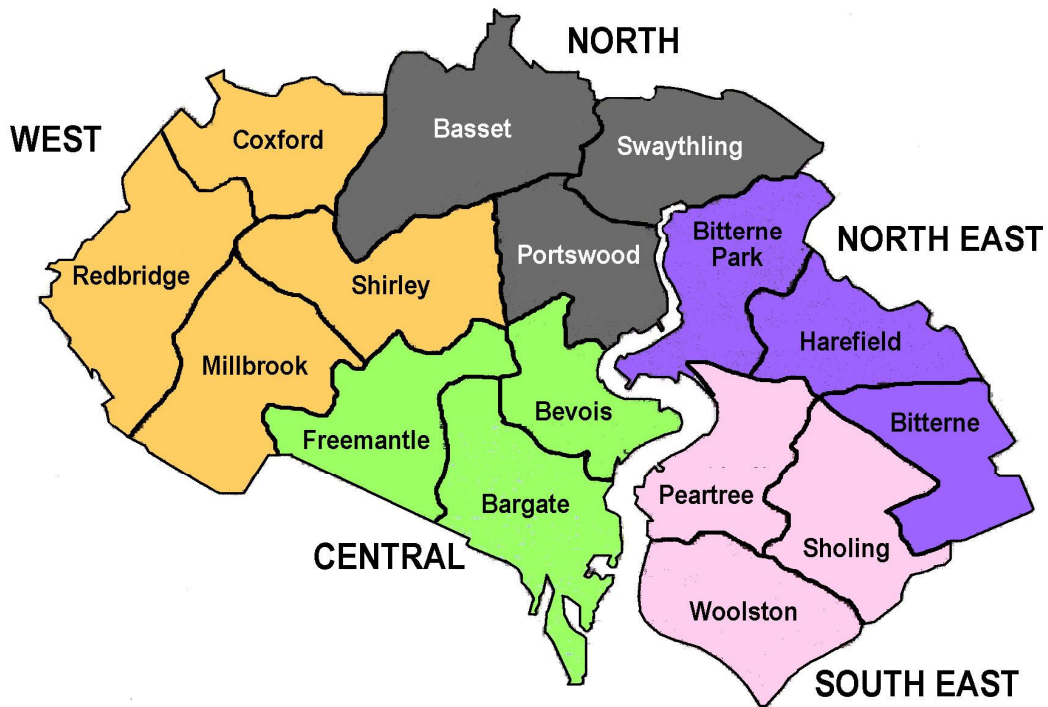
There are an estimated 2,900 (41.5%) of HMOs that have a least one category two hazard (bands D and E only) compared to 38.2% in the wider stock.

Category two hazards (bands D and E) are most associated with pre 1919 (49%) and 1945 to 1964 (52%), converted flats (62.1%) and shared houses (43.1%).

The current definition says that households are considered to be in fuel poverty if they spend 10% or more of their income on fuel to adequately heat their home. There are an estimated 1,200 (17.1%) HMOs containing residents in fuel poverty compared to 8% in the wider stock. HMO tenants are therefore twice as likely to be fuel poor than other Southampton residents. By the very nature of fuel poverty, it is almost always associated with those residents on the lowest incomes. 1,000 (92%) of those in fuel poverty within HMOs were found where household incomes were below £10,000 per annum.

Across the city by area

The city is divided into 16 wards and the estimated 7,000 HMOs are not distributed evenly across them. There are concentrations in a spine though the centre of the city across central and north areas. Please see the map of the city and table B which shows the numbers of HMOs across the city by area.



Map of Southampton showing breakdown by ward and sub area groupings

Areas	Dwellings	Percent
North	1,800	25.7%
West	400	5.7%
Central	4,100	58.6%
North East	300	4.3%
South East	400	5.7%
Total	7,000	100%

Table of HMO distribution taken from Stock Condition Survey 2008

When considering this as a part of the cities housing stock, the numbers of HMOs across the areas shows that almost one in four homes in the central area of the city are in multiple occupation, the second highest proportion is found in the North of Southampton at 13%. These are shown on the following table.

Areas	Dwellings	Percentage across city	Number of HMOs	Percentage of private homes in area
North	13,500	17.9%	1,800	13.3%
West	17,200	22.8%	400	2.3%
Central	17,100	22.7%	4,100	23.97%
North East	13,100	17.4%	300	2.3%
South East	14,500	19.2%	400	2.75%
Total	75,400	100%	7,000	9.2%

Table showing Private Sector stock totals by sub-area

Council and other services – what has been happening so far?

Southampton City Council understands that multiply occupied housing is a valuable housing option for residents and has been responsive to providing services that have tried to meet the identified needs of tenants and landlords. These services have changed over time as legislation and standards have changed, more recently as a result of other factors including budgetary pressures and political influences.

Environmental Health Housing (EHH)

The EHH team receive and process complaints about disrepair and management of private rented properties. This service is available to all private tenants and includes both HMOs and non HMOs.

When complaints about private rented properties are received by EHH they are assessed and prioritised through the Reactive Workload Prioritisation Scheme (RWPS). The RWPS consists of initial receipt and advice provided by Business Support Staff, a number of simple requests are resolved at this first point of contact. The service requests are processed through a duty officer system; more details are gained through a telephone conversation about the problems and the property in general. A priority rating is assigned to the complaint. The only reason a property would be visited at this stage is when the triage suggests that there is a significant and imminent risk to health and safety and emergency work may be needed.

The priority ratings are Emergency, High Priority, Other Priority, and Non Priority. In Emergency cases action will be taken to assist as soon as possible after the complaint has been received. High priority cases are inspected within two weeks from the date of receipt of the complaint.

Overall, the number of service requests shows a 5% reduction year on year, although this is encouraging, there are a number of key service changes that have been made that are likely to have influenced this for example the introduction of RWPS.

Year	Number of service requests (total)
2009/10	602
2010/11	572
2011/12	555

The number of service requests have been analysed to determine where in the city they relate to and this demonstrates that there are more service requests from properties in the central and north areas.

Ward	2009/10 (%)	2010/11 (%)	2011/12 (%)
Millbrook	7	6	5
Redbridge	3	2	3
Bitterne Park	4	5	6
Bitterne	1.5	3	3
Freemantle	11	12	11
Bevois	18	17	15
Bargate	13	12	14
Portswood	11	8	11
Swaythling	6	4	6
Woolston	5	5	6
Sholing	1.5	3	3
Shirley	5	7	6
Bassett	3	4	2
Peartree	5	6	3
Harefield	3	4	4
Coxford	3	2	2

The table below shows a cross section of inspections carried out in the last three financial years, and displays how many were HMOs and how many were not. Please note inspections connected with HMO licensing process were not included in this data. The data in the table shows that the percentage of inspections is significantly higher than the proportion of HMOs in the city.

	2009-2010	2010-2011	2011-2012
No. of HMOs visited	30	54	53
No. of non-HMOs visited	18	69	63
Total	48	123	116
% of Total	62.5%	44%	46%

Table showing inspection stats for Environmental Health Housing staff

Enforcement actions

Enforcement action taken by Environmental Health-Housing Staff under the Housing Act 2004 is common in HMOs. In the period from April 2009-March 2010 36% of the properties that required service of Improvement Notices

(sections 11 and 12 of the Act) were HMOs also one Emergency Prohibition Order (section 43 of the Act) was served in this period, and the property involved was an HMO.

The period from April 2010 to March 2011 saw a fewer number of Improvement Notices served in total, but an increase in the proportion of Improvement Notices served on HMOs. Of the total number of Improvement Notices served, 71% were for HMOs. There were two Emergency Prohibition Orders served in this period, both of which related to HMO properties. There was also an Overcrowding Notice (section 139 of the Act) served during this period, but these notices only apply to HMOs.

In the period from April 2011 to March 2012, there was a small drop to 60% in the amount of Improvement Notices served for hazards (identified using the Housing Health and Safety Rating System) in HMOs, but there were a higher number of Improvement Notices served on both HMOs (6) and non-HMOs (10). There was also an Overcrowding Notice served during this period.

Determining the risk of fire in an HMO property depends on a number of factors and as the LACORS Housing - Fire Safety guidance points out, each case must be considered on its merits. However it also points out some of the common contributing factors that would raise the level of risk in an HMO, such as a non-standard layout or occupants with drug or alcohol dependency.

The guidance shows that the level of risk in an HMO rises with the size and layout of the HMO, but also the type of tenancy the occupants have. For example a property with occupants on individual tenancy agreements would be considered to have a higher risk of fire than a similar sized property with a group of tenants on a single tenancy agreement.

The Housing Health and Safety Rating System states that an adult living in either a self contained flat or bedsit accommodation in a building of three storeys or more is roughly 10 times more likely to die in a fire than an adult living in a two storey house.

The report titled Fire Risk in HMOs carried out by the Department of the Environment, Transport and the Regions found that 1 in 62,510 people living in an HMO of any type died from a fire during the study period, compared to 1 person in 140,000 living in single occupancy dwellings. The different types of HMOs carry different levels of risk with bedsit type HMOs carrying the highest risk. This data is relatively old (1994-1995), but it provided part of the evidence base for HMO licensing within the Housing Act 2004.

Service requests received in consultation period

A more detailed analysis of service requests was undertaken during the 12 week consultation period between 3rd September 2012 and 26th November. This was EHH service, other council services and some external partners.

Environmental Health Housing

During this period there were 201 complaints received by the EHH service, almost half were related to HMOs (89). A little over 90% of the complaints were from addresses in the central and north areas, although proactive work generated 28 of the complaints from the Polygon area of the city (Bargate ward). The following table displays a breakdown of the Wards in which the complained about HMOs were located.

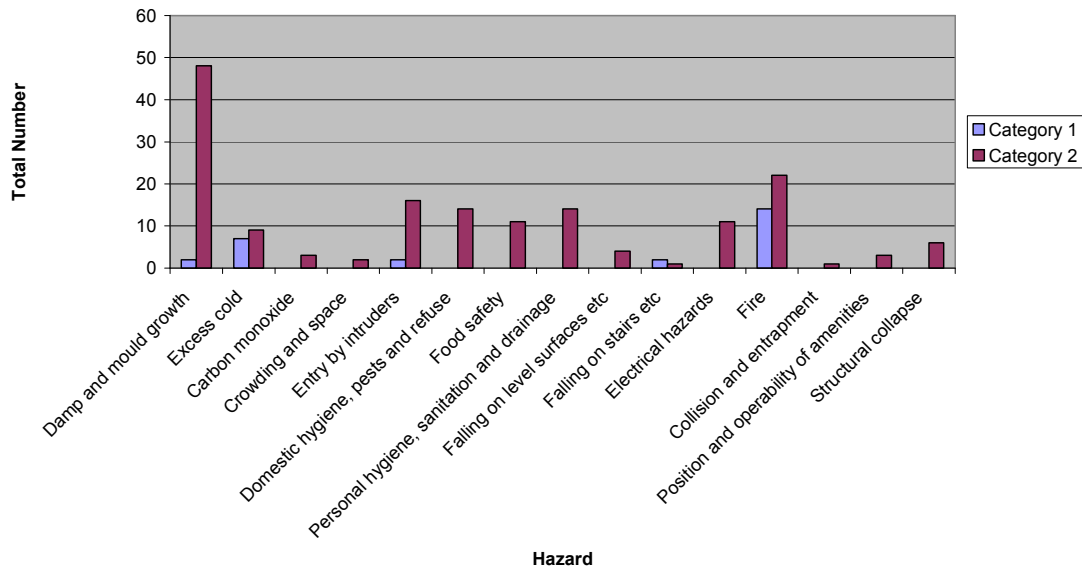
Ward	No. of HMO complaints
Bargate	52
Bassett	5
Bevois	11
Peartree	1
Portswood	13
Redbridge	1
Shirley	1
Swaythling	5

Of the 89 HMO complaints received 3 were given a High Priority rating, 25 were given an Other Priority rating, and 61 were given a Non Priority rating. In one of the High Priority cases an informal intervention was achieved and works were carried out to remove the category 1 hazards from the property, whereas the other two high priority cases were put through to be inspected within the two week target. Of the 25 Other Priority cases, 7 were resolved informally soon after receipt of the complaint, and the remaining 18 were put through to be inspected as well as a letter being sent to the landlord/manager of the property stating what the reported issues are and that we intend to inspect the property soon.

The Non Priority cases had letters sent to the landlord/manager of the property in question with information about the issues and advice to remedy the reported problems provided. Additionally advice was given to the tenants of the properties on how they can assist with resolving the problems, for example in the case of damp and mould growth complaints leaflets are sent to the tenants providing help and advice.

The following chart displays the numbers of hazards complained about relating to HMO properties, and subdivided into category 1 hazards and category 2 hazards. Complaints received often relate to more than one hazard, and sometimes multiple hazards.

Hazard types reported



The following table displays the numbers of reported breaches of The Management of Houses in Multiple Occupation (England) Regulations 2006. Although not generally referred to as part of the service request itself, officers are able to assess the issues being raised against the specific regulations as part of the triage process. There may be more than one breach at some properties.

Regulation	Number of Reported Breaches
Duty of manager to provide information to occupier	1
Duty of manager to take safety measures	42
Duty of manager to maintain common parts, fixtures, fittings and appliances	45
Duty of manager to maintain living accommodation	28
Duty to provide waste disposal facilities	4

The complaints related to a number of issues from cleanliness in the communal areas and facilities, damaged and poorly maintained fire protection related equipment i.e. overhead door closers not working, damaged smoke brushes etc.

The most common complaints not relating to a particular hazard or regulation were that the landlord or agent had promised to get works done, but had failed to act. Tenants are strongly encouraged to speak to their landlord/agent

before the EHH service become involved in a case, although the service recognises that this is not possible in all cases.

Of the 89 complaints relating to HMOs, 47 were managed by an agent, 39 were managed by a private landlord, and in three cases the complainant did not know who managed their property.

Housing Advice and Homelessness Service

The Housing Advice and Homelessness Services within Southampton City Council receive a number of complaints from HMO tenants. These complaints include tenancy agreement disputes, conditions of properties, eviction notices, and criminal activity.

The Neighbourhood Nuisance Service

The Neighbourhood Nuisance (NN) Service is based within the Regulatory Services division of Southampton City Council. The Team investigate complaints of alleged statutory nuisances including noise, rubbish accumulations, and pests.

If the NN service receives a complaint they must take reasonable steps to investigate that complaint. If it is found that a statutory nuisance exists, is likely to happen, or is likely to be repeated, then an Abatement Notice can be served (Environmental Protection Act 1990). This is a legal document that requires the noise or other nuisance to stop immediately, or within a specific time.

Initially when a complaint is received then letters are sent out to the alleged offender informing them of the issues being raised and giving an opportunity to stop. Following this stage if further complaints are received then officers will attempt to witness the alleged nuisance and make a judgement. If a statutory nuisance is witnessed then noise abatement notices will be served, any further nuisances caused would be a breach of this notice and a prosecution may be brought.

Southampton City Council operates a service to deal with noise problems out of office hours. Officers are on duty to respond to complaints from members of the public who are experiencing noise nuisance. The primary aim is to address persistent noise problems rather than one-off situations like parties, so priority is given to callers who have already registered their complaint with us. However they can deal with one-off parties in some circumstances.

Over the consultation period timescale from the many service requests received by the NN call centre, 156 progressed past the initial letter writing stage, and 37 of these cases involved an HMO property of some type, which equates to around 23.7% or a little under one in four. The proportion of noise nuisances arising from HMO properties is high.

During the consultation period noise abatement notices were served at 15 properties, three of these were HMOs equating to 20%. Again this is far higher than the proportion of HMOs in the city of Southampton.

The consultation period coincided with Operation Shush, a campaign introduced by the Police in response to anti-social behaviour (ASB) in the Polygon area of Southampton. Operation Shush conveys the message to all residents that if certain offences are committed during anti-social hours, such as being drunk and disorderly or another offence against the Public Order Act, then the offender may be issued an on the spot fine of £80. Consequently this may have had an impact on noise nuisances emanating from properties in this area where we know there are a large proportion of HMOs occupied by students.

Trading Standards

The Trading Standards Team is also based in the Regulatory Services division of Southampton City Council. Trading Standards will receive complaints relating to letting or managing agents, and often these complaints will relate to HMO properties.

The Trading Standards team have several ways that they receive complaints but primarily it is via e-mail. E-mails come to them in 3 ways, via Citizens Advice consumer helpline who provide initial civil advice for Trading Standards Services, via the Trading Standards e-mail box and via personal e-mails. The Team do not necessarily take action on all of the referrals as some of them may be purely for information.

The complaints received by Trading Standards about letting or managing agents are primarily to do with rental disputes, tenancy agreements and deposits.

During the months of September and October 2012 the Trading Standards Team received 10 complaints about letting/managing agents, and it is believed that at least half of these complaints were relating to HMO properties.

Waste Services

The Waste and recycling teams in Southampton City Council experience a number of issues relating to HMOs in their area of operation. The most common problems are as follows:

- Lack of ownership for managing waste and recycling due to multiple occupants resulting in:
 - Bins left on pavements
 - Low participation
 - Contamination

- Bins left out then get knocked over and result in litter problems
- Contaminated bins are left, but are never dealt with by tenants and so become an ongoing problem. This results in additional resources as crews are required to return and collect the bins.
- End of term student clear out resulting in:
 - Bulky items and rubbish being dumped in gardens, on the highway, in alleyways and by recycling banks
 - Overflowing bins and side waste
 - Severe contamination
 - Bins not put out for collection
 - Scavengers also rip open the bags and create additional litter problems

- Communication barriers/issues due to:
 - Multiple occupants
 - High turnover of tenants e.g. students and therefore constant need for communication and education
 - Language and cultural barriers (due to high levels of migrant workers in HMOs)

- A large number of different landlords who are not always easy to identify or communicate with.
- Landlords do not always take responsibility for dealing with bulky waste and rubbish when tenants move out.

The waste and recycling team regularly visit areas where there are significant issues with any of those identified. They provide information and advice to occupiers about waste collection days and the recycling regime that operates in the city. These have been more frequent in areas of the city where there are known to be a higher concentration of HMOs especially those occupied by students. The service works closely with the universities and their service and volunteers to educate students about their waste; especially at peak times around the start and end of term when fly tipping is a major issue in some parts of the central and north parts of the city.

Partners

Universities

SASSH

The Southampton Accreditation Scheme for Student Housing (SASSH) run by the universities in conjunction with Southampton City Council provides a voluntary forum for landlords to advertise their properties for rent. To do so they must ensure that their properties meet a prescriptive standard which works on a star rating system, and the landlords rate their own properties against this standard. The Environmental Health-Housing Team inspect a 5% cross section of these properties on behalf of the universities and the results

of these inspections show that the vast majority of properties fail to meet the advertised standard. For the academic year 2011-2012, only 1 out of the 24 properties inspected by Environmental Health-Housing passed its inspection upon the initial visit, the rest failed to meet their advertised standard.

University Housing Service

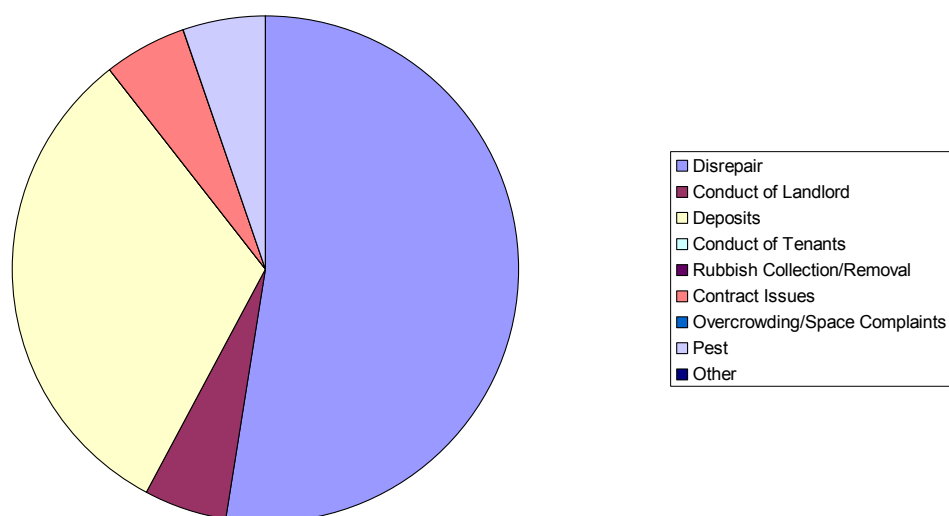
Southampton is home to two higher education institutions Southampton University, and Southampton Solent University. Consequently each year over 40,000 students come to live and study in the city.

Southampton University provide over 5,000 bedrooms in halls of residence across the city, and Southampton Solent University provide over 2,300. Consequently over 30,000 students live in private rented accommodation.

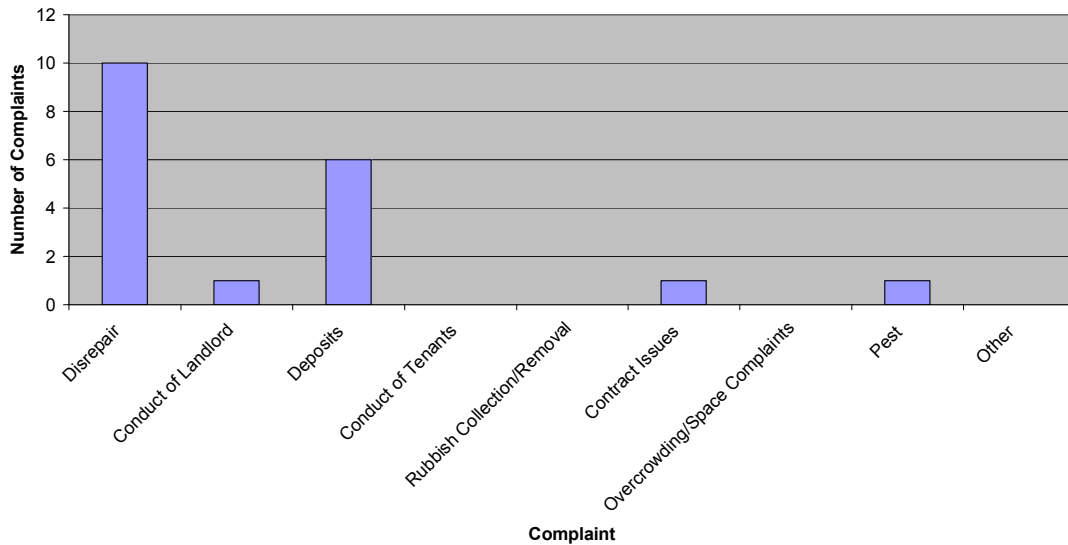
The universities receive a number of different complaints to both the student housing departments and the students unions. The common types of complaints received from HMO occupants include tenancy agreement disputes, disrepair issues, conduct of the landlord/agent, deposit disputes, and pests.

The following charts display the breakdown in type and number of complaints relating to HMOs received by Southampton Solent University. It should be noted that Southampton Solent University were not able to record data for the entire duration of the consultation period, so the following data was collected during the period 03/09/12 to 26/10/12, 1 month short of the consultation period.

HMO Complaints from the 3rd September 2012 from Southampton Solent



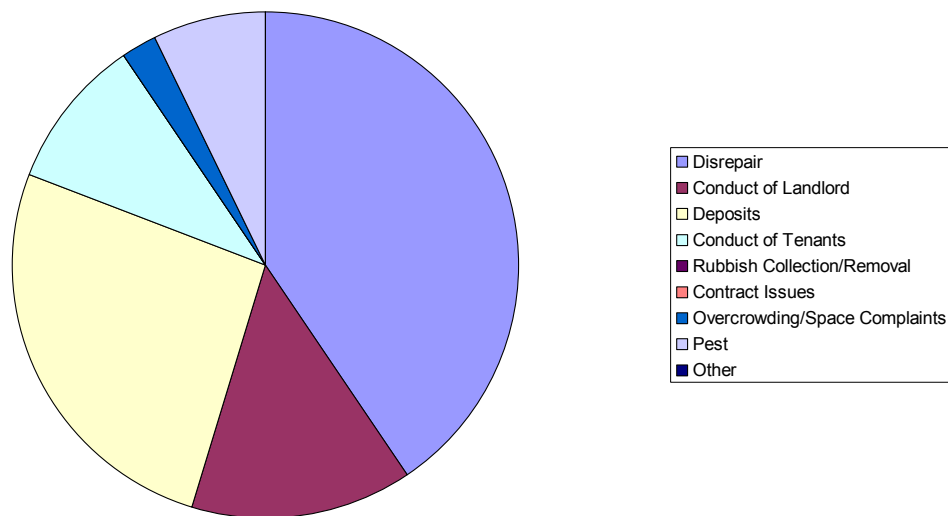
HMO complaints from 3rd September 2012 from Southampton Solent University



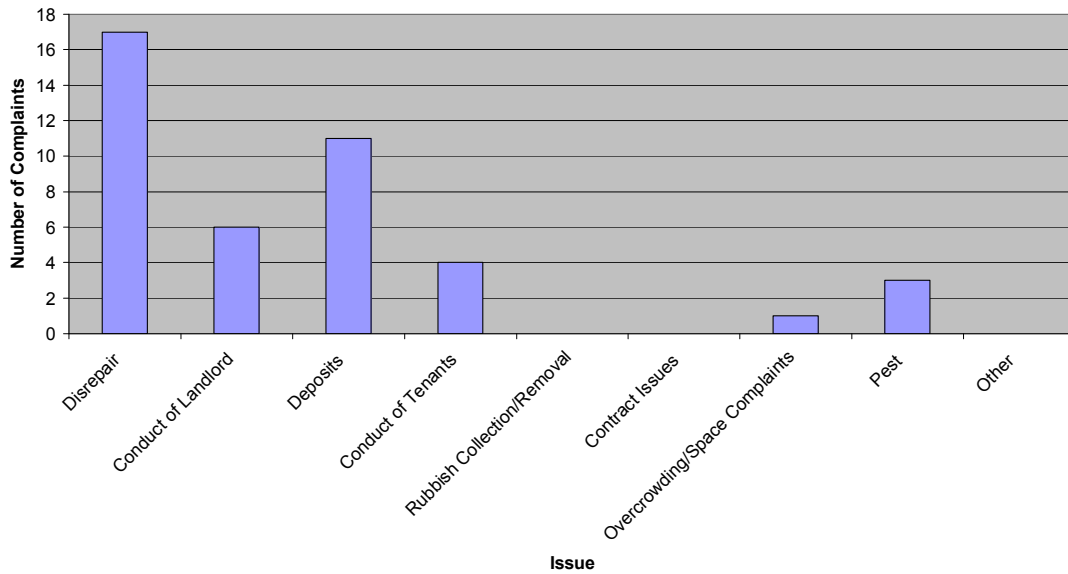
The charts show that the most common complaints they receive relate to disrepair problems, with the second most common relating to deposits. It would appear that landlords and agents frequently take longer than expected to remedy issues and problems when a tenant reports to them, or they are not acting at all. Of the disrepair problems reported, the most common issues fall under the Damp and Mould Growth hazard, but there are also Excess Cold problems, and Entry by Intruders.

The following charts display the breakdown in type and number of complaints relating to HMOs received by the Student’s Union within Southampton University.

HMO Complaints since 3rd September from Southampton University



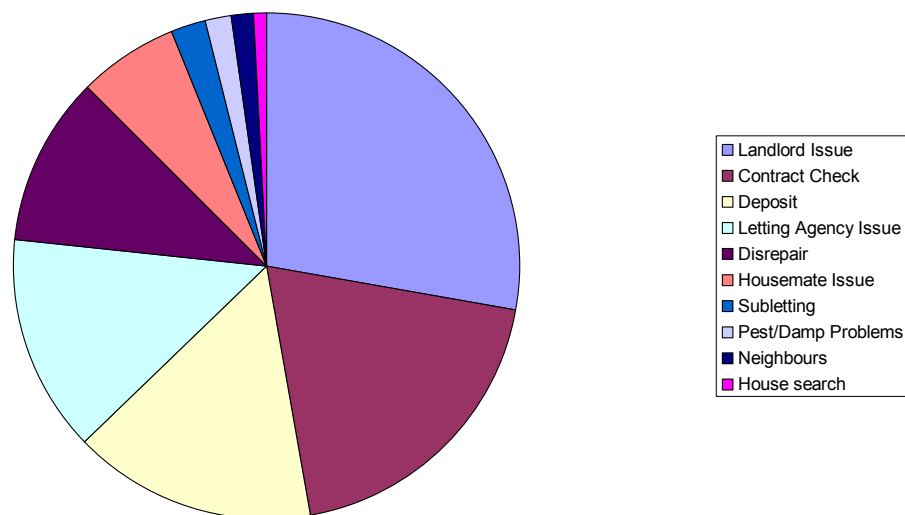
HMO Complaints from 3rd September 2012 from Southampton University



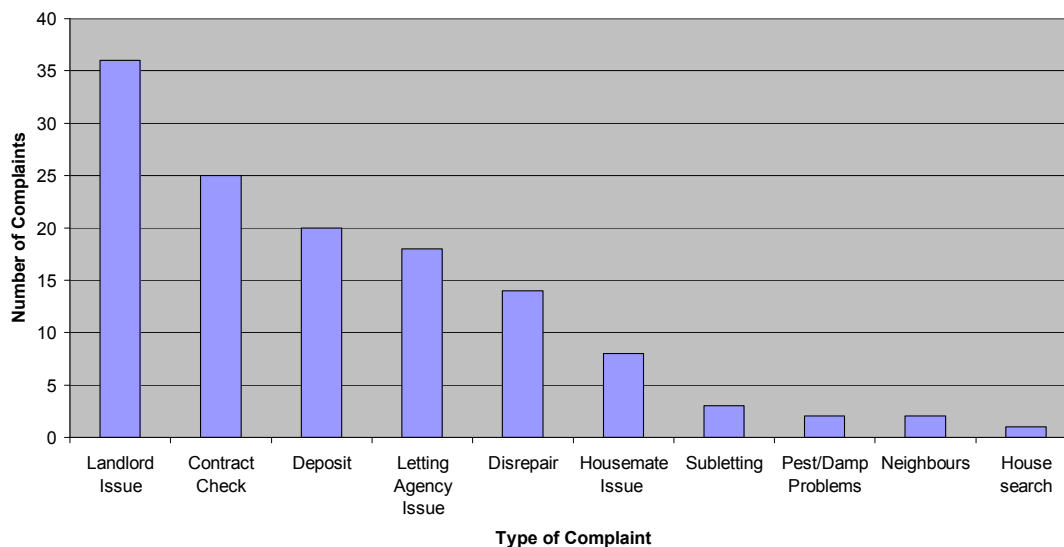
Again these charts display disrepair issues as the most common complaint, and deposit disputes as the second most common complaint. There were also 6 complaints about the conduct of landlords which included alleged illegal eviction and entrance to houses and rooms without any notice.

The following charts display the breakdown in type and number of complaints relating to HMOs received by the Student Services Team within Southampton University.

HMO Complaints from 3rd September 2012 From Southampton University



HMO Complaints Recieved From 3rd September 2012 from Southampton University



The above charts show complaints about landlords themselves are the most common complaint to this team in Southampton University, and disrepair issues are the fifth most common complaint.

Crime and Anti-Social Behaviour

The following tables show certain crime statistics for Southampton during the consultation period, broken down into the individual wards. The crime types included are burglary, violence, drugs, and ASB. The statistics are taken from the Crime Reports website.

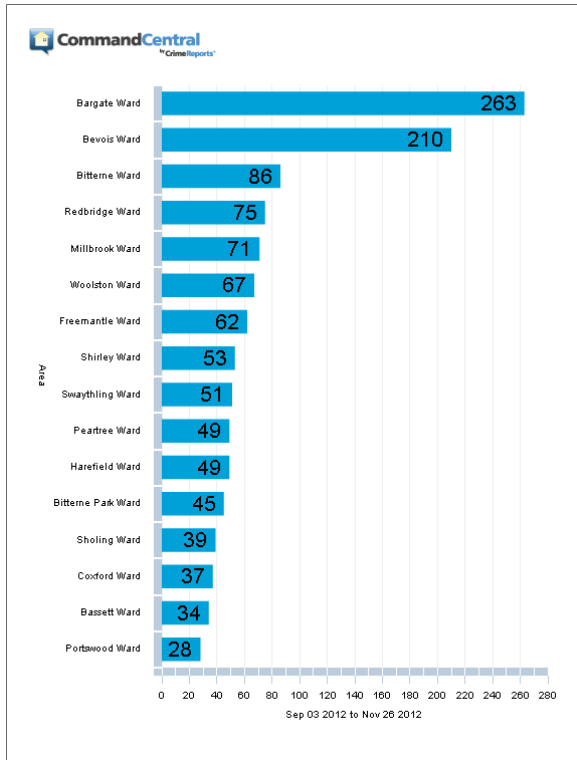


Fig 1: Bar chart showing violent crime statistics for Southampton wards

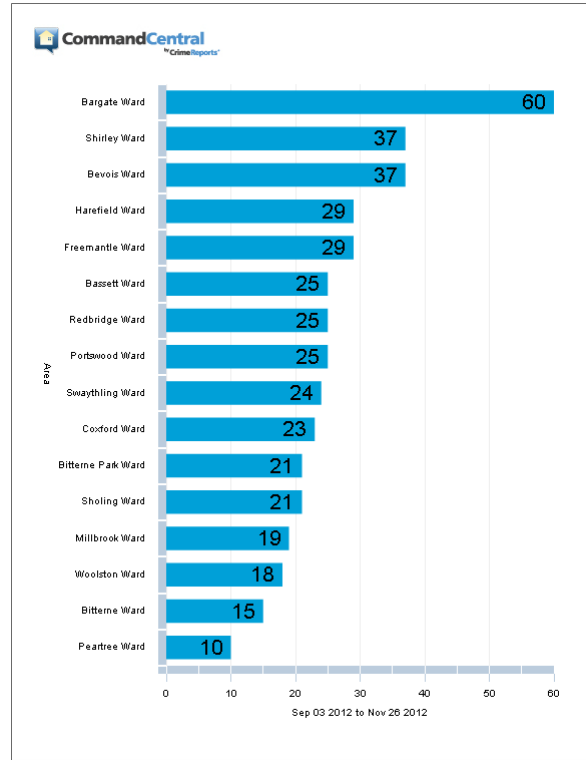


Fig 2: Bar chart showing burglary statistics for Southampton wards

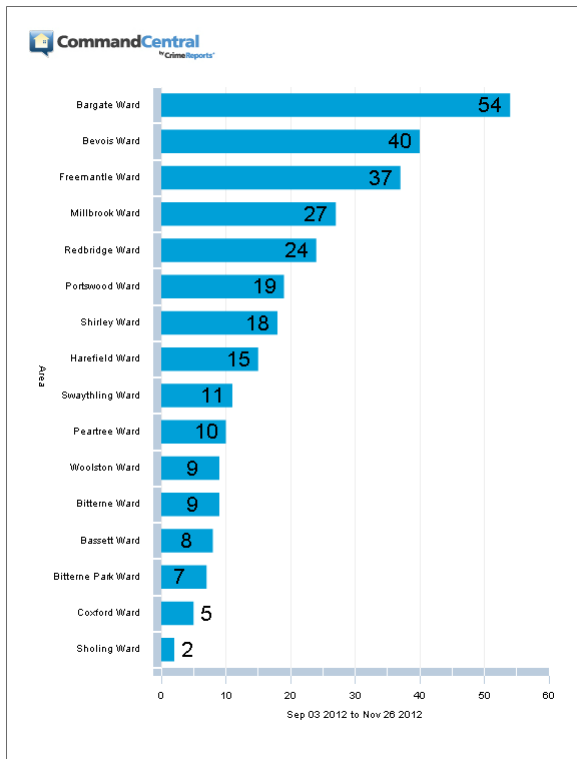


Fig 3: Bar chart showing drug crime statistics For Southampton wards

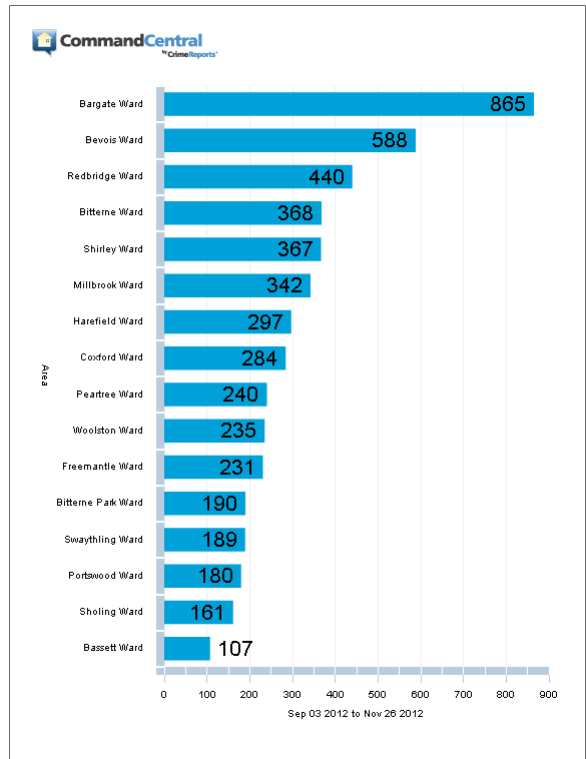
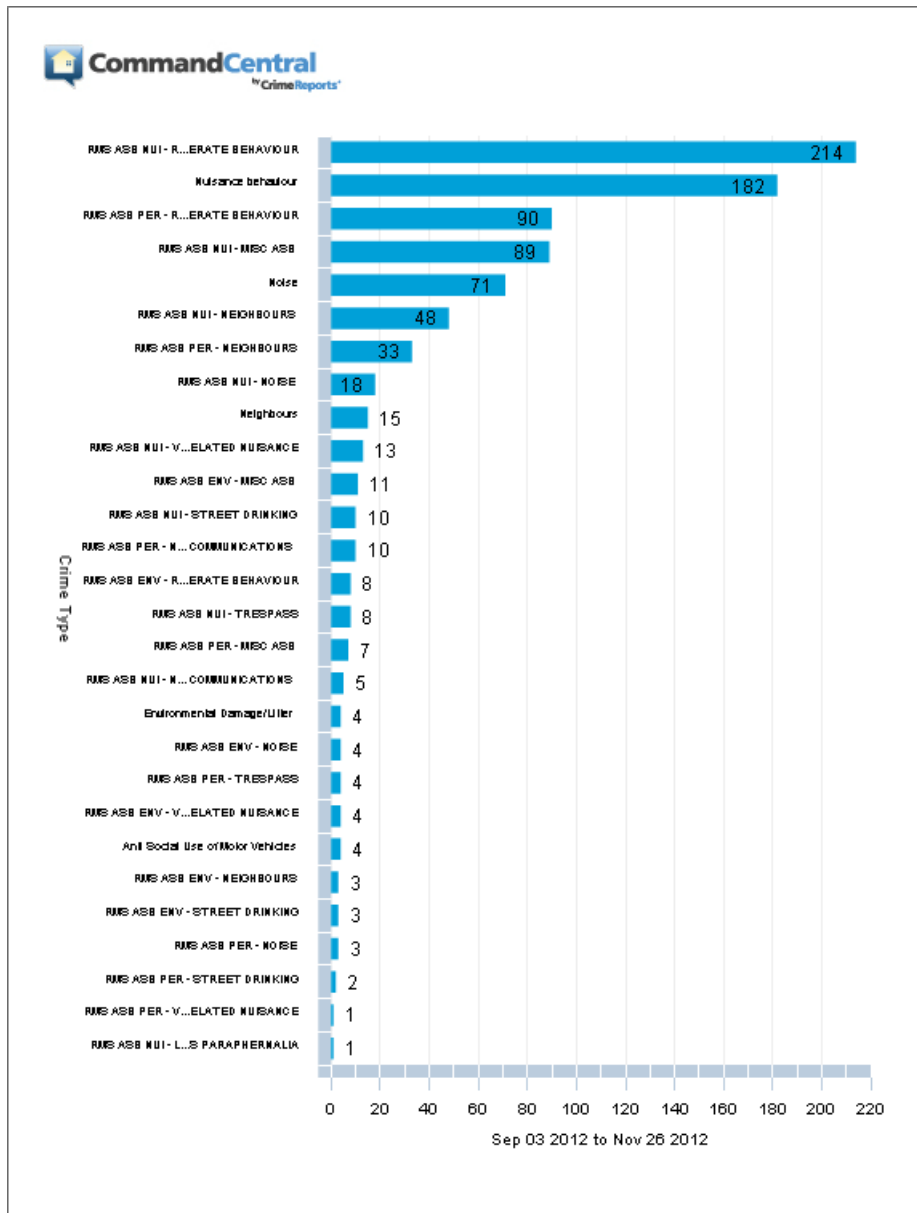


Fig 4: Bar chart showing ASB statistics for Southampton wards

The Bargate ward comes top of each of the above categories. This would be in part due to the fact that this ward encompasses the centre of town so it includes the majority of bars and nightclubs, but this ward also has the highest number of HMOs.

The following table displays the ASB statistics for the Bargate ward broken down into its subcategories.

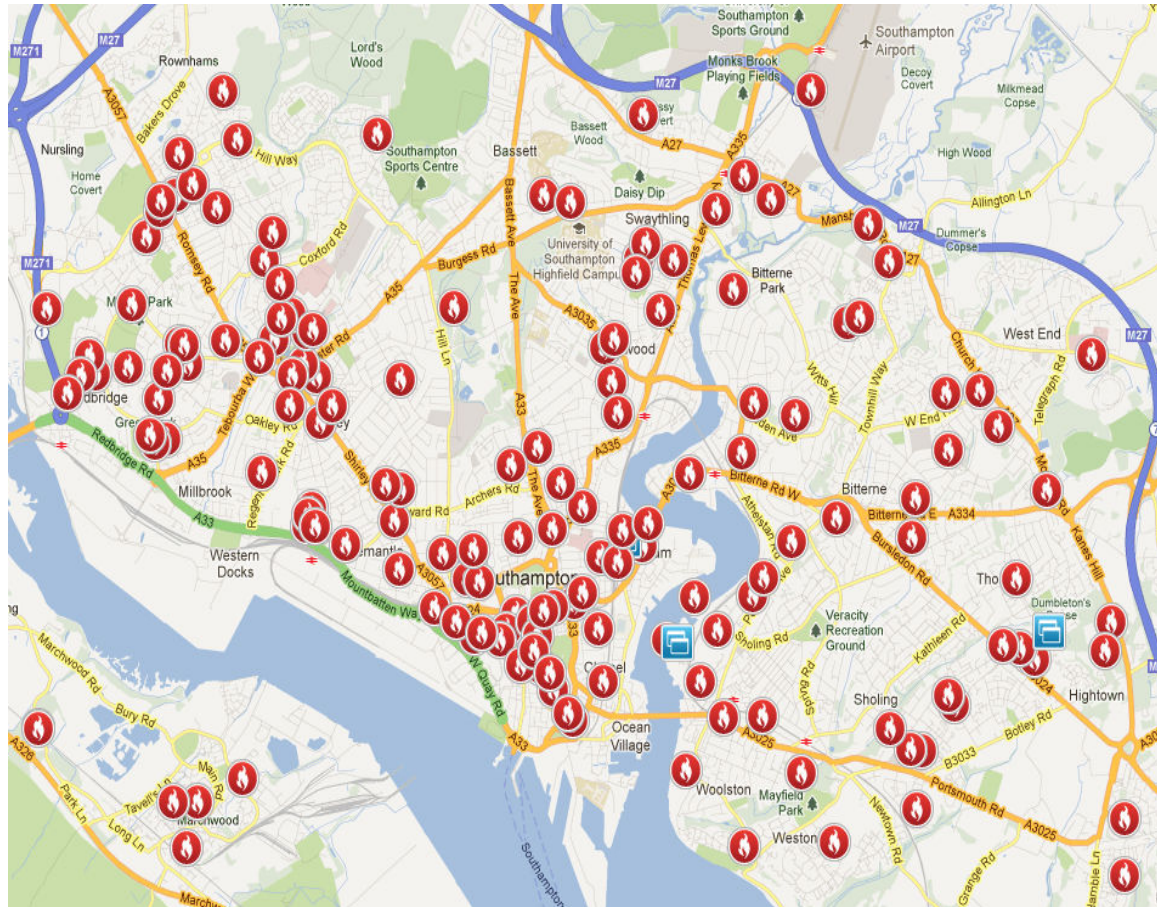


In addition to this, although not possible to identify individual HMO, some crime and antisocial behaviour can be analysed further in sub areas of each ward. Hampshire Police operate in beat areas and activities are recorded in each beat. Domestic Burglary, Criminal Damage, and Antisocial behaviour have been identified as issues in relation to poor management and property conditions. There are correlations with the recorded incidents with areas known to have higher concentrations of multiply occupied properties for example in the Polygon incidents of ASB more than doubles in September at

the start of the academic year, this is the same in Bevois and Bannister and Highfield. Levels of reported domestic burglary are also higher in areas where there are larger numbers of HMOs especially in the Polygon area.

Hampshire Fire and Rescue Service

The following map displays all of the reported building fires that occurred during the consultation period for the Southampton area. There is a clear trend showing higher concentrations of fires in areas of the city that have high concentrations of HMOs.



Street Cred

StreetCred represents a new approach to tackling environmental crime and anti-social behaviour, and educating residents about safety and crime prevention in hotspot locations across the city.

The scheme has seen the council team up with the police, Hampshire Fire and Rescue and local residents to help make homes and streets cleaner, greener and safer. In October 2012 there were a series of multi agency days targeted at parts of Portswood and the Polygon areas of the city. The aim of this work was to identify the location of houses in multiple occupation, to find out more details about them and to provide the occupiers with information about related council services. Over the events there were over 750

properties visited and of these 75% were multiply occupied, mainly by students. When looking at the HMOs, one in five needed a referral to the Environmental Health Housing service (20%) and a total of 164 properties were referred to another agency or council service for a repair or management related issue. This equates to almost one in three properties, some on one issue such as fly tipping, waste or significant litter issues in the front gardens, and a few were due to a number of concerns

4. OPTION APPRAISAL

The Council must consider whether there are 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.

The Council must consider that making the designation will significantly assist them to achieve the objective.

The Council must consider that making the designation will significantly assist them to deal with the problem or problems.

The Housing Act 2004 (section 56(2)) requires that before making a designation to extend HMO Licensing for a particular type of HMO, or for a particular area, a local authority must consider whether there are any other courses of action available to them that might provide an effective method of dealing with the problem or problems in question.

A two stage appraisal of the options open to the Council was carried out in accordance with Government guidance. The first stage involved the development of key options available for tackling poor quality problematic HMOs in the City and consideration of the strengths and weaknesses of each.

The second stage involved the appraisal of the options against key objectives identified to help contribute towards the Council's vision for the city's private rented sector

The options were discussed by a multi-disciplinary panel of Council officers, who have formed the HMO Licensing Board with contributions from the following services:

- Environmental Health Housing
- Finance
- Housing Needs and Homelessness
- Planning
- Legal services

The panel considered the strengths and weaknesses of each option and these were recorded in tabular form.

The options to be considered:

Eight possible options for tackling substandard and 'problem' smaller HMOs in the City were identified and are set out below:

1. *Do nothing*

This option would involve the Council doing nothing to intervene in the small HMO sector this would leave the local housing market to be the driver for landlords carrying out improvements to their properties.

2. *Do the minimum (reactive inspection programme only)*

This option would mean that the Council intervention in the small HMO sector being limited to a basic complaint response service with action by other departments and agencies on a largely ad hoc basis. The option is reactive and relies on the housing market as a driver for landlord-initiated housing improvement across the board. All council services would continue to use their existing enforcement powers.

3. *Informal area action (Proactive inspection programme)*

This would be delivered through non-statutory Action Area, considering parts of the city where there were concentration of poorly managed or maintained properties. The driver for the housing improvement would come from a combination of council activity from different services focussing work in the area and landlord activity (including peer pressure)

4. *Voluntary Accreditation.*

Accreditation schemes have a set of standards (or code) relating to the management or physical condition of different HMOs and recognise properties/landlords who achieve/exceed the requirements. Southampton currently has an accreditation scheme for student housing (SASSH) operated by the universities. Any new scheme for other HMOs would run alongside.

5. *Targeted use of Interim Management Orders (IMOs) and Final Management Orders (FMOs).*

The Housing Act 2004 gives local authorities powers to use Management Orders for talking comprehensive and serious management failures.

6. *Article 4 Direction only.*

The council implemented an Article 4 Direction to require planning consent for any change of use from single dwelling house (C3) to a small HMO (C4) in March 2012. This option would rely on the use of this power to control the numbers of new HMOs and the market to drive property improvements.

7. *City Wide Additional Licensing Scheme.*

Licensing would be extended to all HMOs in the city (in all 18 wards) and would include all smaller multiply occupied properties not currently subjected to Mandatory HMO Licensing.

8. *Area-based Additional licensing scheme.*

Licensing would be introduced in selected wards in the city where there is the highest concentration of HMOs and the evidence demonstrates that there is the greatest need.

Assessing the options

Each option was discussed against the key objectives by the members of the HMO Licensing Board. The objectives of extending HMO licensing would be to:

- Keep occupants safe by ensuring effective management of all HMOs
- Improve living conditions by ensuring that appropriate facilities are provided
- Improve housing standards and maintenance within HMOs, with a particular emphasis on security, fire safety and thermal comfort
- Ensure that landlords exercise appropriate management and supervision of their properties to help reduce any adverse impact of HMOs on the neighbourhood and local communities
- Build on and expand existing partnerships with landlords, managing agents, tenants, universities, community groups and others
- Encourage and support owners and managing agents of HMOs to work proactively with the Council in achieving clearly defined standards and effective management
- Facilitate stable and integrated communities through policy and the proactive targeting of risk based and proportionate interventions
- Reduce the number of complaints about HMOs received by the Council and its partners, such as universities and the fire service
- Have no adverse effect on homelessness in the city
- Ensure there is not an increase in the number of empty properties

Outcome of the Option Appraisal

OPTION ONE: DO NOTHING		
Option description	Strengths	Weaknesses
<p>There would be no involvement by the council in the small HMO sector. The market would have responsibility for improving standards.</p>	<ul style="list-style-type: none"> ▪ There are no additional resources needed. ▪ Meets the desires of landlords to have self regulation in this area of the market. ▪ The housing market would determine the quality and standards of accommodation. 	<ul style="list-style-type: none"> ▪ The council would not be able to satisfy statutory requirements and duties. ▪ Creates additional burden on resources from other council services and partner organisations i.e. waste collection, Police, Fire Service ▪ Does not address the concerns and meet the expectations of both tenants and local residents/communities ▪ The city has a larger than average number of HMOs in the city and this would not address the issues these may present.

OPTION TWO: REACTIVE INSPECTION PROGRAMME (MINIMAL)		
Option description	Strengths	Weaknesses

<p>Council intervention would be limited to:</p> <ul style="list-style-type: none"> ▪ Responding to complaints about property conditions/management issues. ▪ Informal and formal enforcement work to improve living conditions, management etc. ▪ Use of other wider powers i.e. Noise Abatement notices ASB Orders, Fly tipping, Litter and waste management provisions. 	<ul style="list-style-type: none"> ▪ Improves individual properties. 	<ul style="list-style-type: none"> ▪ Resource intensive. ▪ Relies on complaints being received about property conditions; some tenants are not able to do this for fear of retaliatory action from landlords. ▪ Not proactive. ▪ Although would be risk rated, no guarantee dealing with poorest properties first. ▪ No additional resources for inspections or monitoring management of properties ▪ Does not tackle poor practises of rogue landlords ▪ Provides inconsistent service across the city. ▪ Does not provide detailed information about HMO properties in the city.
---	---	--

OPTION THREE: PROACTIVE INSPECTION PROGRAMME

Option description	Strengths	Weaknesses
The council maintains an inspection programme that targets certain property types or areas of the city.	<ul style="list-style-type: none"> ▪ Improves individual properties ▪ Potential for partnership working with other agencies and organisations. ▪ Can be city wide or in smaller community areas or property types. ▪ Can be project managed ▪ May have element of self funding as able to seek to recover costs in association with work in default, enforced sale etc. 	<ul style="list-style-type: none"> ▪ Resource intensive. ▪ No additional resources for inspections or monitoring management of properties. ▪ Does not tackle poor practises of rogue landlords ▪ May provide inconsistent service across the city. ▪ Does not provide detailed information about HMO properties in the city.

OPTION FOUR: LANDLORD ACCREDITATION SCHEME

Option description	Strengths	Weaknesses
The council continues with the existing SASSH accreditation scheme for student housing and consider extending to include other types of HMO.	<ul style="list-style-type: none"> ▪ Improves the standard in properties where landlords engage with the scheme ▪ Good example of partnership working with other agencies i.e. SASSH. ▪ Can be used alongside other options for a more strategic approach 	<ul style="list-style-type: none"> ▪ Relies on voluntary engagement of landlords and agents ▪ Relies on self assessment of property conditions with varying results. ▪ Does not tackle poor practises of rogue landlords ▪ Does not provide detailed information about HMO properties in the city. ▪ Can be resource intensive as limited scope for charging.

OPTION FIVE: MANAGEMENT ORDERS

Option description	Strengths	Weaknesses
<p>Council uses the powers contained in the Housing Act 2004 part 4 to take over the management of the very worst HMOs in the city. The aim of which would be to improve them and eventually had back control to the landlord.</p>	<ul style="list-style-type: none"> ▪ Removes landlord responsibilities and passes them to an approved/ responsible nominated agent. ▪ Can be used alongside other options for a more strategic approach 	<ul style="list-style-type: none"> ▪ Resource intensive to set up and administer ▪ Previous experience has shown limited suitable agents ▪ Resolves issue in individual properties but does not secure long term improvement of properties, especially management. ▪ Does not tackle poor practises of rogue landlords ▪ Provides inconsistent service across the city. ▪ Does not provide detailed information about HMO properties in the city. ▪ Take on landlord responsibilities and need to keep for some time to resolve management issues and recover costs. ▪ Reactive not proactive.

OPTION SIX:USE OF ARTICLE 4 DIRECTION

Option description	Strengths	Weaknesses
Continue to control the number of new HMOs in the city in line with policy and guidance.	<ul style="list-style-type: none"> ▪ Controls the number of new HMOs in an area. ▪ Already introduced in Southampton and being implemented in the city. ▪ Can be used alongside other options for a more strategic approach. 	<ul style="list-style-type: none"> ▪ Does not require the improvement of properties. ▪ Does not apply retrospectively ▪ Much confusion among residents and property owners between these powers and EHH powers ▪ Does not tackle poor practises of rogue landlords ▪ Provides inconsistent service across the city. ▪ Does not provide detailed information about HMO properties in the city. ▪ Reactive.

OPTION SEVEN: CITY WIDE LICENSING		
Option description	Strengths	Weaknesses

<p>Licensing is extended to all or a selected type of small HMO across all wards in the city.</p>	<ul style="list-style-type: none"> ▪ Clearer scheme as applies to all eligible HMO properties regardless of location in the city. ▪ License conditions would be bespoke and therefore seek improvements in living conditions and management. ▪ Increased level of resources available for inspecting properties and monitoring license conditions. ▪ Reliable and up to date source of information about HMO sector ▪ Costs borne by appropriate sector. ▪ Linked to property inspections ▪ Links with the existing mandatory HMO licensing scheme provisions. 	<ul style="list-style-type: none"> ▪ Comprehensive and large programme that will require additional resources and staff
---	---	--

OPTION EIGHT: SELECTED AREA BASED LICENSING		
Option description	Strengths	Weaknesses

<p>Licensing is extended to all or a selected type of small HMO in selected wards in the city</p>	<ul style="list-style-type: none"> ▪ Can focus on areas where there are issue, need and risk based. ▪ Tailored solutions to housing problems identified and other issues in partnership with other services and agencies. ▪ Reliable and up to date source of information about HMO sector in the selected areas. ▪ Costs borne by appropriate sector. ▪ Linked to property inspections. License conditions would be bespoke and therefore seek improvements in living conditions and management. ▪ Increased level of resources available for inspecting properties and monitoring license conditions. ▪ Working with landlords in selected areas may encourage improvements in management and behaviour so benefitting tenants and improving properties in other parts of the city. 	<ul style="list-style-type: none"> ▪ More limited service for same type of accommodation outside of selected areas i.e. inequality of service provision. ▪ Landlords may relocate business to properties in non licensable areas. ▪ May lead to variable standards in quality and management across different parts of the city. ▪ Potential to be confusing for tenants and residents ▪ Concern that Article 4 Direction restriction on development of HMOs in certain parts of the city may lead to their development in other parts that may not be covered by licensing.
---	--	---

CONSULTATION

The local authority must consult persons likely to be affected by the designation.

The Council carried out consultation over a twelve week period starting on September 3rd 2012 running through to 26th November 2012. The consultation took place using a number of different methods

Letters were sent to all landlords and letting/managing agents inviting their views on the proposed scheme, letters were also sent to all known residents groups and associations. The consultation questionnaire was made available online through the Council's Consultation Portal, paper copies were made available at the public events and on request.

Three public meetings were held two in community venues and one in the Civic Centre, they had varying levels of attendance but all generated good debate on the issues around the proposals. Presentations were made at local meetings of both the Southern Landlords Association and the National Landlords Association.

The HMO pages on the Council's website were updated to give more information about the proposed scheme and included links to an online questionnaire as well as the consultation guide, the questionnaire, original Cabinet report as PDF documents to download.

The Communications Team sent out regular Tweets through the Council's Twitter feed (@SouthamptonCC) alerting followers to the consultation process and reminding about public meetings. Southampton Solent University put details onto their Facebook page.

There were 231 completed questionnaires returned and a number of more detailed responses. The detail about these and the outcomes together with the Council's response is in Appendix 2.