ROYAL borough of GREENWICH

Royal Borough of Greenwich

Evidence base for Planning Policy Guidance Note: Houses in Multiple Occupation

October 2026

Introduction

The Houses in Multiple Occupation (HMO) Evidence Base Paper provides the evidence and justification underpinning emerging Policy H6 – Housing with Shared Facilities (Houses in Multiple Occupation). It assesses the need for, and impacts of, HMOs within the borough and explains the rationale for the policy's approach to managing HMO development.

Whilst Policy H6 also contains clauses relating to Large-Scale Purpose-Built Shared Living, this evidence paper focuses solely on proposals for HMOs (Clauses 1-3) and does not address the policy requirements relating to Large-Scale Purpose-Built Shared Living.

Policy H6 - Policy Context

NPPF 2024

There is no mention of Houses in Multiple Occupation (HMOs) in the NPPF 2024.

London Plan 2021

Policy H9 – Ensuring the best use of stock states that boroughs should take account of the role of houses in multiple occupation (HMOs) in meeting local and strategic housing needs and that where they are of a reasonable standard, they should generally be protected.

Policy H6 - Evidence

Continued need for HMOs

The Local Housing Needs assessment found that unless dwelling delivery increases across not just Royal Greenwich, but the whole of London and England, there is likely to be a growing demand for HMO accommodation in the next 15 years in Royal Greenwich of 2,000-3,000 units. However, it acknowledges that some of this may be met by delivering alternative accommodation, such as Co-Housing and studio apartments. Nevertheless, the LHNA does demonstrate that there is a continued need for HMO accommodation in Royal Greenwich.

Recent proliferation of HMOs

Nevertheless, it is important that streets are safeguarded from having an overconcentration of HMOs. A high concentration of HMOs can lead to a quick turnover of residents and potential amenity problems due to the often temporary nature of accommodation offered. Maintaining mixed and balanced communities is essential to supporting sustainable neighbourhoods, and this can be undermined where there is an overconcentration of HMOs in a given area.

The area between Woolwich, Plumstead and Abbey Wood, to the south of the rail line, has seen a particularly high concentration of approved HMO applications between 2021/22 and 2025/26, as seen in Figure 1 below. Furthermore, even in areas with fewer HMO applications, there are some clusters in specific areas, such as in East Greenwich and Eltham.

Therefore, it is evident that HMOs tend to cluster in particular areas within the borough, which can result in overconcentration.

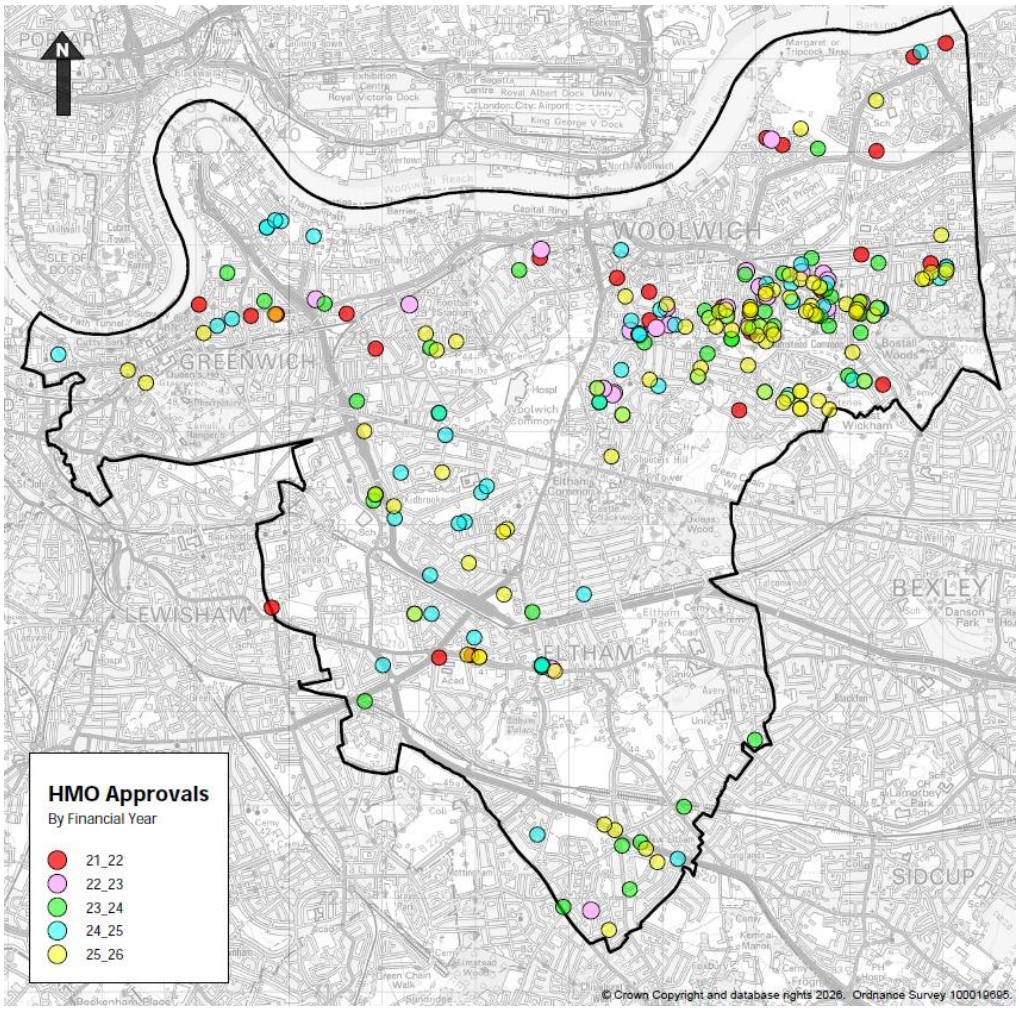

Figure 1 – Location of HMO applications approved from 2021/22 to 2025/26

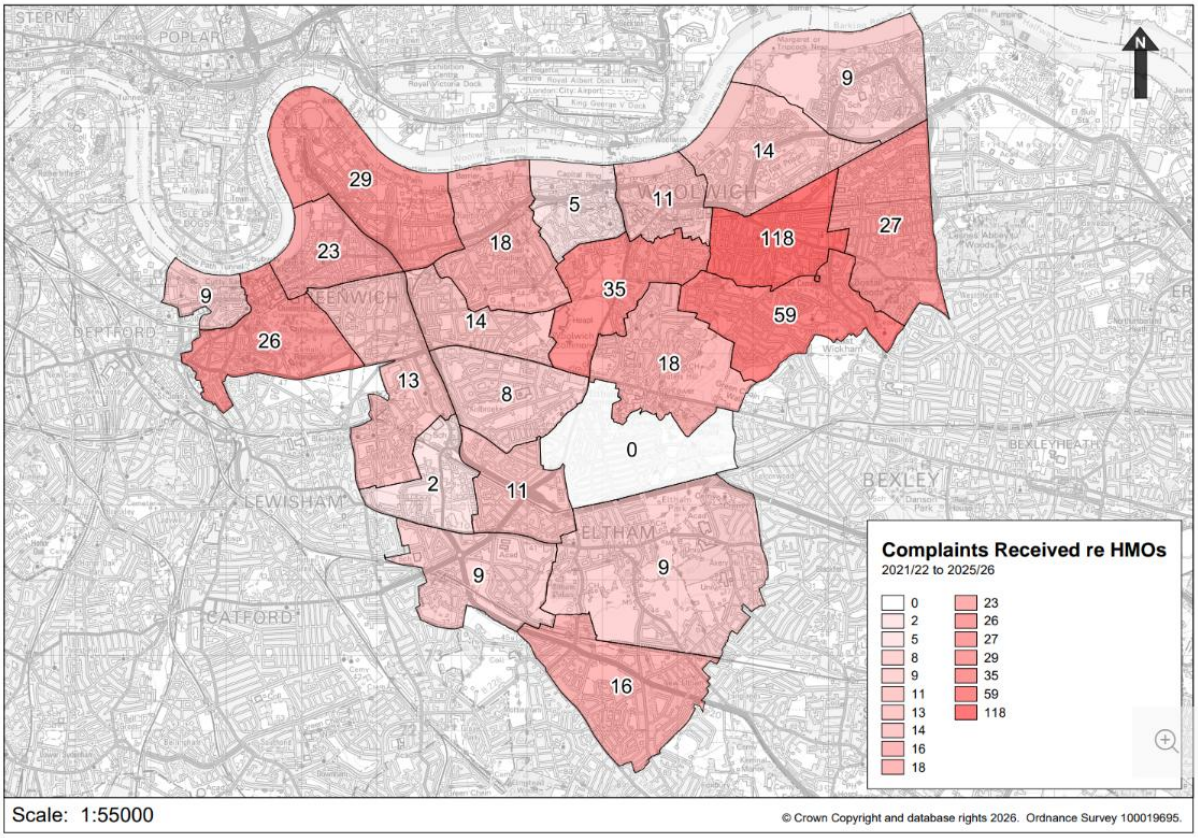

Figure 2 – Number of noise, waste and anti-social behaviour (ASB) complaints concerning HMOs that have been received by either the Community Safety Team or the Private Rented Property Licensing Team in each ward of Royal Greenwich from 2021/22 to 2025/26

Table 1: Number of HMO planning approvals and number of complaints concerning licensed HMOs received per ward from 21/22-25/26

Ward	Approvals	Total complaints	ASB	Noise	Waste
Plumstead & Glyndon	80	118	42	57	19
Plumstead Common	33	59	29	26	4
Abbey Wood	19	27	4	20	3
Woolwich Common	16	35	12	22	1
Mottingham, Coldharbour & New Eltham	13	16	6	10	
Shooters Hill	13	18	5	13	
Eltham Page	11	11	2	9	
Kidbrooke Park	10	8	5	3	
East Greenwich	9	23	2	20	1
Eltham Town & Avery Hill	8	9		9	
Greenwich Peninsula	8	29	7	21	1
Charlton Village & Riverside	5	18	3	15	
Thamesmead Moorings	5	9	2	7	
West Thamesmead	5	14	1	13	
Charlton Hornfair	4	14	5	9	
Eltham Park & Progress	4	0			
Blackheath Westcombe	3	13	3	9	1
Middle Park & Horn Park	3	9	4	5	
Woolwich Dockyard	3	5	1	4	
Greenwich Creekside	2	9		9	
Woolwich Arsenal	2	11	1	10	
Greenwich Park	1	26	1	25	
Kidbrooke Village & Sutcliffe	1	2		2	
Grand Total	**258**	**483**	**135**	**318**	**30**

Figures 1 and 2 and Table 1 show that HMO approvals between 2021/22 and 2025/26 were heavily concentrated in a small number of wards, with Plumstead & Glyndon and Plumstead Common alone accounting for 44% of approvals. These same wards also recorded the highest numbers of ASB, noise and waste complaints. Whilst this does not suggest that individual, well-managed HMOs are more likely to cause ASB or problems with waste management than other tenures, there is a trend for wards with the highest concentration of HMOs to also have the highest complaint levels. This points to greater pressure on residential amenity where HMOs are highly concentrated. Together, these findings support an approach that manages the concentration of HMOs to maintain mixed and balanced communities through the planning system.

Significant need for family housing

Furthermore, there is a significant need for family housing in Royal Greenwich. Table 2 below uses the information from the Royal Greenwich Local Housing Needs Assessment and shows what proportion of market housing and affordable housing (social and intermediate rents) should be made up of units of a specific size in order to meet need. The table shows that across both market and affordable housing, around half of the identified need is for 3+ bedroom homes with a focus on 3-bedroom homes.

Table 2 – Percentage of need for units of different property size, per tenure

	Total affordable	**Market**
1 bedroom	22%	18%
2 bedrooms	29%	27%
3 bedrooms	35%	53%
4+ bedrooms	14%	2%

It is important to protect existing family housing considering this ongoing need. A threshold of 130sqm as set out in Policy H6 is considered a reasonable size for a family dwelling. The current Core Strategy in Policy H(b) conversions states that in order to protect small and medium sized family dwellings, the subdivision of residential property will not be permitted in terraced houses if they are less than 130sqm of net floor area. Therefore, the principle of protecting family homes where the original property is under 130sqm is already in place and remains an appropriate one as demonstrated by the Local Housing Needs Assessment.

Over the course of 2021/22-2025/26, there were 259 approved applications of which 41 had an original property size over 130 sqm (15.8%). The breakdown of years can be found below:

2025/26: 26 out of 91 approved applications exceeded 130sqm (28.6%)

2024/25: 4 out of 64 approved applications exceeded 130sqm (6.3%)

2023/24: 4 out of 49 approved applications exceeded 130sqm (8.2%)

2022/23: 5 out of 26 approved applications exceeded 130sqm (19%)

2021/22: 2 out of 29 approved applications exceeded 130sqm (6.9%)

Therefore, it is considered that only supporting HMO applications with an original property size above 130sqm is an effective tool to protect family housing, whilst allowing for a continued supply of HMOs in order to meet need.

Impacts of large HMOs

The Office for National Statistics reports in 2025 that the average household size in London was 2.46 persons per household[1]. This suggests that a typical C3 dwelling in London would be occupied by around 2.5 people on average. However, a large HMO by definition has 5 or

[1] Households by household size, regions of England and Great Britain constituent countries - Office for National Statistics

more tenants, which is likely a higher number of residents than if the property was a C3 dwelling. Large HMOs therefore represent a more intensive form of residential occupation than a typical C3 dwelling because they typically accommodate a greater number of residents within a single property. This can cause infrastructure complaints as there are increased demands on public transport, waste collection services, on-street parking, local health services, public open space and other community infrastructure.

Consequently, as with other forms of higher density development, housing with shared facilities should be sustainably located in areas that benefit from good access to public transport, employment opportunities, shops, community facilities and other day-to-day services, where residents can easily travel by walking, cycling and public transport. This approach supports the objectives of the Royal Borough of Greenwich Transport Strategy 2022-32 to: reduce car dependency (Objective 1.3); increase the proportion of people who choose to walk and cycle for their everyday journeys (Objective 1.2), and increase accessibility to a range of jobs, services and opportunities (Objective 4.1).

Given the more intensive occupation associated with HMOs, it is important to ensure that development does not result in overspill parking that would prejudice highway safety, pedestrian movement or the efficient operation of the transport network. Therefore, HMOs should be car free in areas covered by Controlled Parking Zones (CPZs) to ensure that they do not lead to on-street parking problems aggravating the safety and free flow of traffic and pedestrians in the area. They should also provide cycle parking to all occupants to reduce car-dependency, both in areas with CPZs and without.

While the London Plan 2021 sets minimum cycle parking standards for C3 and C4 residential uses, it also supports boroughs requiring more generous provision where this is justified by local evidence. Given the higher occupancy levels typically associated with HMOs, a higher cycle parking standard is necessary to ensure sufficient provision is available for residents. Providing adequate cycle parking encourages cycling as an alternative to car ownership and helps support sustainable travel patterns. It also reduces the likelihood of parking pressure arising from increased car ownership associated with intensified occupation and helps avoid bicycles being stored in front gardens. This helps minimise adverse impacts on the character and residential amenity of surrounding properties, consistent with paragraph i.166 of the Royal Greenwich Urban Design Guide, which seeks to ensure HMOs do "not give rise to significant adverse amenity impacts to the surrounding properties/residential neighbourhood."

Policy H6 - Regulation 18 version

Houses in Multiple Occupation (HMOs) were included with policy on sub-divisions in the Regulation 18 version of the Local Plan, under Policy H7: Sub-divisions and conversions to Houses in Multiple Occupation (HMOs). However, for clarity, in Regulation 19 the topic of subdivisions was moved to Policy H8: Small Sites and Subdivisions.

Regulation 18 definition of overconcentration of HMOs

The Regulation 18 version provided a definition of HMOs which stated that:

Overconcentration is defined as:

a. *more than two HMOs side by side;*
b. *the sandwiching of a single self-contained house or flat between two HMOs;*
c. *more than two HMOs within a run of ten properties on one side of the road; or*
d. *more than one HMO in a road of fewer than ten properties.*

The policy restricted HMO concentration in specific wards, stating that in the wards of Plumstead and Glyndon, Greenwich Peninsula, East Greenwich, Charlton, Village and Riverside, and Greenwich Creekside, where there are already high concentrations of HMOs, applications for new HMOs will not be supported where they would adversely impact on amenity of the local area through the overconcentration of HMOs. Paragraph 4.73 in the supporting text explains that HMO licensing data shows that in the aforementioned wards, more than 2% of dwellings are HMOs. Therefore, the overconcentration classification above could be used in these wards when assessing HMO applications.

When HMO applications would be supported

The Regulation 18 version stated that applications for HMOs would be supported where the original property has a gross internal area of at least 90 sqm and provides an acceptable living environment for future occupants, including adequate indoor communal space, outdoor communal amenity space, refuse and recycling storage, and one cycle parking space per occupant. It stated that proposals must also comply with the Council's Standards for Houses in Multiple Occupation and the requirements of the Council's Urban Design Guide. In areas covered by Controlled Parking Zones (CPZs), HMOs would need to be car-free, while in areas outside CPZs they would need to not result in on-street parking problems that would adversely affect highway safety, pedestrian movement, or the free flow of traffic. The policy stated that development must be consistent with the character of the surrounding area, including the established pattern of residential buildings, and that where there is an over-concentration of HMOs, the Council would seek to manage further growth where it would threaten the mix and balance of local communities.

Policy H6 - Key feedback received from Regulation 18 Consultation

Representations received in relation to Policy H7: Sub-divisions and conversions to Houses in Multiple Occupation (HMOs) were largely negative, although there was some support for strengthening controls on HMOs. Many respondents raised concerns about the growth and concentration of HMOs and their perceived impacts on neighbourhood character, including noise, waste, parking pressure, and anti-social behaviour. A key theme was the loss of family housing and the effect on community cohesion. There were frequent calls for stricter controls, including higher minimum property sizes, tighter limits on concentration, often at street level and stronger enforcement. Some respondents also acknowledged the role of

HMOs in providing more affordable housing, provided they are well managed and appropriately located, particularly in areas with good transport accessibility.

Policy H6 - Regulation 19 version

To improve the clarity and legibility of the Local Plan, and to reflect the similarities between related housing products, the policy on Houses in Multiple Occupation has been combined with the policy on Large-Scale Purpose-Built Shared Living in the Regulation 19 Publication Draft Local Plan. For consistency, policies relating to sub-divisions have been incorporated into the small sites policy.

The HMO policy has been strengthened to provide greater control over the development of HMOs.

Regulation 19 definition of HMO overconcentration:

The definition of overconcentration has been revised from a ward-based approach to a street-level assessment, reflecting concerns that impacts of over-concentration are often more localised, and ensuring the policy could adapt to changing circumstances over the plan period. Policy H6 now states in clause 1 that "Proposals for Houses in Multiple Occupation (HMOs) will only be supported where they do not lead to an overconcentration in the local area. An overconcentration is where three or more of the nearest ten properties are HMOs."

This is a robust approach that is consistent with policies adopted elsewhere, including the London Borough of Brent, and is considered a clear implementable definition. The Council's objective is to support sustainable neighbourhoods and mixed and balanced communities while also ensuring that housing choice remains available for those who rely on shared accommodation, as the LHNA found that there remains an ongoing need for HMOs.

Original property size required for HMO application to be supported

The minimum original property size threshold for conversion has been increased from 90 sqm to 130 sqm in clause 2(a), reflecting the need to protect family homes. There is precedent for setting a limit of 130 sqm. The current Core Strategy in Policy H(b) conversions states that in order to protect small and medium sized family dwellings, the subdivision of residential property will not be permitted in terraces if they are less than 130 sqm of net floor area. Therefore, the principle of protecting family homes where the original property is under 130 sqm is already in place.

Additional transport accessibility clause

The policy now includes a requirement for HMOs to be located in areas with good transport accessibility. Clause 2(e) states that to be supported HMO applications must be "appropriately located in areas that are well-connected to local services by walking, cycling and public transport;". Paragraph 4.80 states that as with other forms of higher density development, housing with shared facilities should be sustainably located in well-connected

areas with good access to facilities and services. This will generally mean town centre locations and locations with a PTAL of 3 or higher.

This requirement is justified because HMOs typically accommodate a higher number of residents than conventional dwellings and can therefore generate increased demand for local services and transport infrastructure. Ensuring that HMOs are located in areas with good accessibility by walking, cycling and public transport helps promote sustainable travel patterns, reduces reliance on private vehicles, and ensures that the additional population can be accommodated without placing undue pressure on local infrastructure or creating adverse transport impacts.

Additional clause resisting the loss of HMOs

Clause 3 states that development proposals that result in the loss of an HMO, or the self-containment of any part of a HMO, will be refused unless it can be suitably demonstrated that: the existing building does not meet the appropriate standards for an HMO and has no realistic prospect of meeting the standards; or any replacement use includes housing provision that meets an identified local need such as family housing, with at least the equivalent amount of residential floorspace re-provided.

This additional clause brings the policy in line with the London Plan 2021, as Policy H9 states that where HMOs are of a reasonable standard they should generally be protected.

Amenity requirements simplified

The Regulation 18 version specifically required adequate indoor communal space, adequate outdoor communal amenity space, refuse and recycling storage, one cycle space per occupant, and compliance with HMO standards and the Urban Design Guide.

The Regulation 19 version relies more heavily on compliance with the Council's HMO Standards and the Urban Design Guide, while retaining separate requirements for refuse and recycling storage, and one cycle parking space per occupant.

The simplification of the amenity requirements is beneficial as it avoids duplication within the policy by relying on the Council’s HMO Standards and Urban Design Guide, providing a clearer, aligned and more streamlined framework while still ensuring that HMOs deliver high-quality living environments for future occupiers.

Character requirement removed

The Regulation 18 version required HMOs to be "consistent with the character of the surrounding area, including the established pattern of residential buildings." This clause has now been removed as it was not sufficiently clear how applications would be assessed against it.

Additional requirement for management plans

Paragraph 4.81 in the Regulation 19 version states that management plans will be required for new HMOs to ensure they are appropriately operated and that these should include details of how the HMO is to be managed to minimise impacts on adjacent occupiers,

emergency contact details for neighbours should noise or disturbance arise, and details of regular inspections to be carried out by the landlord.

The requirement of an HMO Management Plan helps ensure that the impacts often associated with larger shared housing are proactively managed and provides confidence that the accommodation will be operated responsibly over the long term, aligning with the overall aims of the policy and those of the council's licensing regime.

Policy H6 – Regulation 19 feedback

Representations on Policy H6 were generally supportive of efforts to manage HMO concentration. The principal issue raised through the Regulation 19 consultation was concern that the revised overconcentration test had weakened the approach set out at Regulation 18, with numerous respondents seeking stricter street-level or neighbourhood-level controls. Additional comments related to the protection of family housing, parking and cycle parking requirements, sound insulation, monitoring of HMO concentrations, and clarification of management and implementation requirements.