

# **Consultation Outcomes Report**

## **Macarthur Medical Research Centre - SSD**

WSP



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## Consultation Outcomes Report Macarthur Medical Research Centre - SSD

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WSP acknowledges that every project we work on takes place on First Peoples lands.  
We recognise Aboriginal and Torres Strait Islander Peoples as the first scientists and engineers and pay our respects to Elders past and present.

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# Table of contents

<b>1</b>	<b>Introduction .....</b>	<b>1</b>
1.1	Assessment requirement .....	1
1.2	Scope of works .....	1
<b>2</b>	<b>Project background.....</b>	<b>2</b>
2.1	Project description.....	2
2.2	Early engagement.....	3
<b>3</b>	<b>Consultation approach .....</b>	<b>4</b>
3.1	Consultation objectives.....	4
3.2	Consultation structure.....	4
<b>4</b>	<b>Consultation activities and outcomes .....</b>	<b>5</b>
4.1	Partners Working Group.....	5
4.2	Key User Groups.....	5
4.3	Functional Design Brief Working Group.....	6
4.4	Social Impact Assessment .....	6
4.4.1	Approach.....	6
4.4.2	Analysis.....	7
4.4.3	Considerations.....	8
4.5	Other key stakeholders.....	8
4.5.1	Local Aboriginal Community.....	8
4.5.2	NSW Government Architect.....	9
4.5.3	Transport for New South Wales.....	9
4.5.4	Campbelltown City Council.....	9
<b>5</b>	<b>Project response .....</b>	<b>11</b>
<b>6</b>	<b>Next steps .....</b>	<b>12</b>

# 1 Introduction

Walker MMRC Services Pty Ltd (Walker) engaged WSP to prepare a consultation outcomes report to accompany an Environmental Impact Statement (EIS) pursuant to Part 4 of the Environmental Planning and Assessment Act 1979 (EP&A Act) in support of an application for a State Significant Development Application (SSDA) (SSD-17491477). The SSD is required to facilitate the development of the Macarthur Medical Research Centre (the Project).

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## 1.1 Assessment requirement

This SIA has been prepared in response to the Planning Secretary's Environmental Assessment Requirements (SEARs), received in May 2021, of which the following is an extract:

*“During the preparation of the EIS, you must consult with the relevant local, State or Commonwealth Government authorities, service providers, community groups, relevant special interest groups, including local Aboriginal land councils and registered Aboriginal stakeholders and affected landowners. In particular, you must consult with:*

- the relevant Council.
- Government Architect NSW (through the NSW SDRP process).
- Transport for NSW.

*Consultation should commence as soon as practicable to inform the scope of investigation and progression of the proposed development.*

*The EIS must describe and include evidence of the consultation process and the issues raised and identify where the design of the development has been amended in response to these issues. Where amendments have not been made to address an issue, a short explanation should be provided.*

*Targeted consultation in accordance with the draft Social Impact Assessment Guideline 2020 (Department of Planning, Industry and Environment) must also occur where there is a requirement to prepare and submit a Social Impact Assessment.”*

In the intervening time since the SEARs were issued, the Department of Planning, Industry and Environment (DPIE) has finalised the draft guideline to become the Social Impact Assessment Guideline (2021) (The Guideline). This consultation outcomes report has therefore proactively adopted the Guideline as the primary guidance document from which to address the SEARs.

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## 1.2 Scope of works

The scope of works and approach to preparation of the consultation outcomes report included:

- Reviewing and collating consultation undertaken by Walker Corp, WSU and BVN and associated technical subconsultants.
- Reviewing and collating consultations records and collateral.
- Summarising key feedback.
- Delivering community and stakeholder engagement to support the preparation of the Social Impact Assessment, in accordance with The Guideline.

## 2 Project background

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### 2.1 Project description

The Macarthur Medical Research Centre (MMRC) will facilitate world-class health research outcomes specifically targeted at the needs of the local Campbelltown/Macarthur population.

Combining people-centred health research facilities with public engagement spaces, the MMRC will create a unique and exciting opportunity for community interaction and ownership. Located on the Campbelltown Hospital Campus, the Research Centre will be a shared facility bringing together four partner organisations:

- Western Sydney University (WSU),
- South Western Sydney Local Health District (SWSLHD),
- Ingham Institute for Applied Medical Research (IIAMR),
- University of New South Wales (UNSW), and
- NSW Health Infrastructure (HI)

Embedding the MMRC within the existing Hospital Campus will enable opportunities for translational research outcomes directly improving the health outcomes for the local population to be realised.

The Research Strategy identified five core Research Themes and a series of supportive, emerging and existing themes and shared platforms. The five core Research Themes are:

- Diabetes/Obesity,
- Mental Health,
- Paediatrics and Adolescents,
- Indigenous Health, and
- Addiction medicine.

The MMRC will include Clinical Research facilities, associated Dry Research and Collaboration spaces, a Community Engagement zone and Back of House/Support spaces as required across four levels plus a lower ground floor.

The site identified is the existing helipad located between Building D and the Macarthur Clinical School (MCS) on the Campbelltown Hospital Campus.

The Project will include the following works:

- demolition of existing at-grade helicopter pad;
- site preparation civil works;
- construction of a five-storey medical research facility (MMRC);
- link bridge linking MMRC to 'Building D' and Macarthur Clinical School;
- associated site and landscaping works; and
- signage.

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## 2.2 Early engagement

Early engagement was undertaken through the initial preparation of the MMRC strategy. The engagement and outcomes provided early direction to technical teams through the detailed design process, as well as forming background to subconsultants technical reports.

The early engagement included:

- Extensive consultation with partners and stakeholders through both interviews and workshops between August and November 2020
- Over 22 interviews with 67 people from 12 organisations. Participants were asked variously, depending on their role, about their views of the MMRC, themes that should be researched, uses for the facility, people that would use the facility and so forth. Information from the interviews was collected, analysed and synthesised into this strategic planning document
- An introductory PCG-O Scene-Setting Workshop and three PCG-O Plenary Workshops were held – attended by up to 20 people per session. At these workshops, the components of this Strategy were reviewed, tested and ultimately supported.
- The Operational Framework functions were developed in a specific sub-group workshop which ultimately agreed an outline framework upon which further operational planning can be undertaken as the project progresses.

# 3 Consultation approach

## 3.1 Consultation objectives

Consultation for the project was undertaken with the following key objectives:

- To support the development of the functional design brief (FDB)
- To inform all aspects of the SSD application, and support the response to the SEARs.
- To promote the benefits of the project
- To understand and work with Aboriginal stakeholders,
- To manage community expectations and build trust by delivering on outcomes.
- To reduce the risk of project delays caused by project perceptions.
- To inform the research strategy at the foundation of the MMRC.
- To inform the preparation of the Social Impact Assessment, to maximise project outcomes and deliverables.

## 3.2 Consultation structure

Consultation on the MMRC was structured into the following key stakeholder streams, with associated working groups established as the principle engagement tool:



This report summarises key engagement activities and outcomes for each stream. Detailed engagement records and outcomes are contained within individual SSD reports, including the Functional Design Brief and Research Strategy.

# 4 Consultation activities and outcomes

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## 4.1 Partners Working Group

A Partners Working Group (PWG) was established to drive engagement with key partners and the technical team to ensure project progress was maintained, with engagement scheduled at logical increments to facilitate decision making on key functional and design outcomes.

At least seven rounds of meetings occurred between April 2021 and July 2021.

### *Engagement outcomes*

Engagement outcomes included:

- Inputs to technical reports, including socio economic profiles.
- Decisions relating to key design aspects such as floor to ceiling heights and the link bridge.
- Decisions on governance arrangements.
- Input to the planning approvals process.

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## 4.2 Key User Groups

Key User Groups (KUGs) were used as a key component of consultation on the FDB and the project more broadly.

Key user groups established were clustered, and included:

- Tharawal Local Aboriginal Land Council.
- Indigenous health consultation
- Research themes
- Shared and flexible space
  - Staff and student representatives.
- Facility and operations maintenance representatives.
- Mental health representatives.

The KUGs were engaged across two stages aligning with the design process:

- Schematic Design (3 months to end June 2021) – one meeting at 30%, and one meeting at 70% design development.
- Design development (4 months to end October 2021) – One meeting at 40% and one meeting at 80% design development.

### *Engagement outcomes*

Key user groups were instrumental to:

- Understand key flows and adjacencies to ensure the MMRC design and operation supported best practice research outcomes.
- Agree overarching planning principles.
- Agree department plans, including:

- Shared public spaces
- Clinical research
- Dry research and shared collaboration facilities
- Plant and logistics.

The KUG process allowed for individual perspectives and requirements to be clearly mapped, and overlaid with feedback received from each stakeholder. This process provided an effective way to manage competing or divergent interests, allowing the design team to find innovative design and functional solutions to MMRC and partner requirements.

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## 4.3 Functional Design Brief Working Group

Extensive stakeholder consultation was undertaken in order to develop the FDB. The stakeholder consultation process was guided by the FDB Working Group, comprising representatives from each of the four partner organisations and Health Infrastructure. The overall responsibility of the FDB Working Group was to oversee and support the development of the FDB and ensure alignment with the project vision.

The FDB working group facilitated:

- 18 meetings with 78 different representatives
- a written survey

The consultation was structured around three milestone workshops with the FDB Working Group:

- Workshop 1 – Vision,
- Workshop 2 – Develop, and
- Workshop 3 – Confirm.

The FDB process was supported by the KUGs discussed in Section 4.2.

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## 4.4 Social Impact Assessment

Walker Corporation appointed WSP to complete a Social Impact Assessment (SIA) for the Macarthur Medical Research Centre. As part of the SIA targeted stakeholder interviews were conducted to understand and identify potential impacts and considerations for the project.

### 4.4.1 Approach

Key stakeholders were selected from previous engagement activities and invited to participate in a conversational interview and provide candid insights into the project. Twelve stakeholders across Campbelltown City Council, South Western Sydney Local Health District, Western Sydney University and the Ingham Institute for Medical Research participated in an online or phone interview between Wednesday 4<sup>th</sup> August and Friday 6<sup>th</sup> August 2021. Stakeholders from the Tharawal Aboriginal Corporation, community and the nearby IRT Macarthur Aged Care were invited to participate.

Participants were asked to detail their involvement in the project, what excites them, any concerns to be considered as well as any potential impacts of the project during the planning, construction and operational phases.

Detailed notes of engagement meetings are available.

#### 4.4.2 Analysis

The sentiment from all stakeholders interviewed was unanimously positive, with each expressing excitement and enthusiasm for the project. There is overwhelming support for the proposed site and the design to provide physical linkages into Block D and the Macarthur Clinical School is championed as a critical link to connect into the campus and provide seamless integration. It is evident that the project partners have established productive and proven partnerships, with clear governance and goals. There is a shared commitment to ongoing engagement with the community and future users and occupants of the building.

Stakeholders identified a need and desire to create a place that is inclusive, inviting and agile to allow and incentivise incidental collaboration between researchers, clinicians, students and members of the community. Amenities such as a café, seating, digital connectivity, quiet places and collaboration spaces in an agile, open environment were listed as key attractors. Some of the common themes that emerged throughout the discussions include:

**Collaborative planning** – Key partners were clear on their role and the need to work together to design and deliver a unique, purpose-built research centre. The collaborative approach has been continually demonstrated in the preparation of the Functional Design Brief, the Research Strategy and governance models for the new centre.

Significant focus has been given to understanding the community's health needs and how the built environment can support the research streams. The Local Health District detailed communication requirements during construction to minimise campus disruption and the need for a collaborative approach to site management, wayfinding, landscaping and artwork integration.

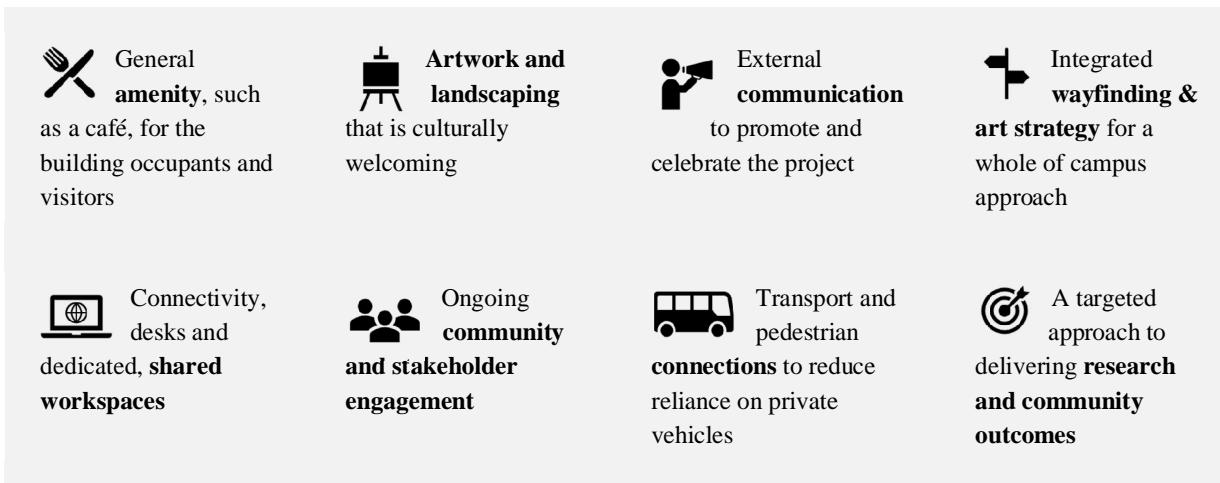
**Targeting community needs** – Creating a safe, welcoming and comfortable environment for the culturally diverse South Western Sydney community is a strong theme and focus. There is a clear commitment to work with the Indigenous community throughout the planning, design and operational phases of the project and continue to build meaningful relationships and improve health outcomes for the Indigenous community.

**Local focus with international reach** – While the research themes are directly linked to the local health needs of the South Western Sydney population, it is collectively recognised that the research outcomes will have far reaching, potentially global benefits. Many stakeholders spoke of the centre as a major benefit for Campbelltown and South Western Sydney to attract and retain clinical and professional staff looking for career enhancement.

**A beautiful, functional and shared space** – The needs for varied and agile spaces for meeting, socialising, studying and waiting were important to stakeholders. Providing opportunities for incidental collaboration and casual interactions to be delivered through the open spaces, flow of the building and curated amenity. The shared spaces should cater for the diversity of the staff, visitors and community members in the facility through flexible fit-out and design, technology and ambiance. Wayfinding within and external to the research centre was also raised as an important feature for consideration.

Table 4.1 Snapshot of feedback

 <b>A genius bar,</b> for people who use home detection devices to download their data and get technical device	 <b>Agile,</b> <b>welcoming</b> spaces for collaboration, socialisation and enjoyment	 <b>Collaborative</b> <b>planning to</b> design and ensure the <b>correct flow</b> and make the building 'easy' to work and be in	 <b>A culturally</b> <b>safe, inviting</b> <b>and friendly</b> place for the community, with a focus on the Indigenous community
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#### 4.4.3 Considerations

Stakeholders raised the following items for further consideration:

- Student accessibility to the research centre and ensuring the building is open and welcoming to students
- Maternal health as a key research theme
- Potential for tension between strategic research focus versus opportunistic research focus
- The need for a cultural shift amongst some users to embrace shared spaces rather than traditional office space
- Opportunities for school outreach programs,
- External communication planning and delivery to position the centre and attract the research team.

### 4.5 Other key stakeholders

#### 4.5.1 Local Aboriginal Community

The project team undertook early and sustained engagement with the local Aboriginal Community through the Tharawal Local Aboriginal Land Council. Engagement to inform the project's understanding of the Local Aboriginal Community also involved including technical input from Indigenous Health units within the representative partner organisations.

Engagement with Tharawal Local Aboriginal Land Council built on previous engagement delivered through the initial Campbelltown Hospital Redevelopment.

Tharawal Local Aboriginal Land Council were included in engagement on the MMRC through involvement in:

- Schematic Design Key User Groups.
- Functional Design Brief Working Groups.

#### *Engagement Outcomes*

As acknowledged by the NSW Government Architect, the engagement approach following included a Country led design approach. The local Aboriginal Community inputs informed:

- Understanding of country
- Design informants and architectural language.
- Clinical design and space allocations to ensure cultural appropriateness.

Engage with the local Aboriginal community is ongoing, to ensure participation through to the operational stage of MMRC.

#### **4.5.2 NSW Government Architect**

Formal consultation was undertaken with the NSW Government Architect through a formal presentation to the NSW State Design Panel on 2 June 2021,

The presentation focussed on:

- An outline of the site.
- Describing the design approach.
- Presenting an initial concept.
- Outlining the progress on the development concept.
- Officially seeking the State Design Panel's feedback.

A follow up meeting was held on 2 August to report back on amendments made based on the State Design Panel's feedback..

#### *Engagement Outcomes*

Written feedback was received from the Government Architect on 10 July 2021. The feedback broadly supported the concept design. In particular, the Architect acknowledged the early local Aboriginal engagement, and country led design approach undertaken for the project.

The Government Architect also made recommendations for the design development of the project for the following key areas:

- Master plan and landscape
- Architectural expression
- Sustainability and environmental aspects.

Government Architect recommendations have been considered and incorporated into the design of MMRC. An ongoing process of engagement with the Government Architect will resolve areas where design recommendations are not implemented, or where alternate approaches are proposed.

#### **4.5.3 Transport for New South Wales**

Engagement with Transport for New South Wales has been ongoing, including the initial consultation to inform the overarching Campbelltown Hospital Redevelopment.

The current stage of works has included the preparation of an updated Traffic and Accessibility Impact Assessment, in accordance with the relevant part of the SEARs.

Preparation of this has occurred including consultation with Transport for New South Wales to inform traffic and access standards, understand local and regional impacts and to implement mitigation measures to the satisfaction of Transport for New South Wales.

Additional information is contained within the Traffic and Accessibility Impact Assessment submitted as part of the SSD application material.

#### **4.5.4 Campbelltown City Council**

Campbelltown City Council were engaged through several engagement streams, including to inform the Social Impact Assessment.

A specific presentation to the Council was delivered in July 2021, with the specific aim of updating Council on:

- A project update, history and research strategy.
- The vision of the project
- An outline of the key partners and stakeholders
- The location, site and how it integrates with the broader medical precinct
- Design principles
- Key program dates.

#### *Engagement outcomes*

Key feedback was received from Council, specifically relating to:

- The MMRC's compatibility with and contribution to the “*Reimagining Campbelltown City Centre Master Plan*”.
- Noting the referral response to matters of importance to Council, as contained within the SEARs.
- Consideration of the MMRC's contribution to the broader Urban Structure of the precinct, and interface with the public realm.
- Consideration of the overall site permeability, ground floor interfaces, and access arrangements.
- Specific commentary requesting that loading Services minimise impact on streets and public spaces.
- Noting the high-quality architectural façade treatment.
- Reinforcing the importance of active street interfaces.

# 5 Project response

The engagement process followed to support the design development and research strategy for MMRC has been iterative and informed by a strong governance structure.

Stakeholder feedback, summarised by the engagement outcomes, has fed into the design development as well as the research strategy, including:

- Delivering a country led design solution with genuine responses to feedback from the local Aboriginal community.
- Adjustments to the design to respond to key user group requirements.
- Adjustments to the design to achieve research strategy outcomes.

Design response to stakeholder feedback has been presented back to stakeholders, including solutions to specific requirements and feedback. This iterative process has allowed stakeholder to understand design decisions, and no notable outstanding actions or responses have been recorded.

## 6 Next steps

In preparing the SSD application for MMRC, the project team has met the consultation requirements prescribed by the SEARs.

This report demonstrates the project team's commitment to and effective engagement with stakeholders and how feedback has led to significant design revision and incorporated into the designs and studies lodged with the SSDA.

Continued engagement will take place with stakeholders and communities during the statutory exhibition of the SSDA, as well as during future stages of the planning and development process. Specifically, the project team will continue engagement with the local Aboriginal community to ensure participation through the design, construction and operation of the MMRC.

