

EIS commentary (2/03/2022)

Refer to the comments in red in addition to the SDRP 01 and 02 advice letters

Laura Graham ([REDACTED])

- The scheme is unacceptable in its current form. It does not meet the SEARs requirement to demonstrate how the design development responds to the issues raised at SDRP. Apart from minor improvements to the basketball court area, all the problems raised at SDRP 01 and 02 remain. There are too many issues that the proponent has not responded to with design development.
- We understand that you are concerned about the building breaching the height limit. We have highlighted key points in yellow raised concerning the height and FSR. Other additional comments about this are highlighted in grey.

8 December 2021

Mike Ryan
Project Manager
Erilyan Pty Ltd
[REDACTED]

PROJECT: Northside Clinic Wentworthville
RE: State Design Review Panel (SDRP) – 24 November 2021
(Second Review)

Dear Mike,

Thank you for the opportunity to review the above project a second time. Please find below a summary of advice and recommendations arising from the design review session held on 24 November 2021.

The following elements of the design strategy are supported:

- minor reduction in the car parking
- increasing the landscaped area on the ground level, including the basketball hoop area
- provision of native planting
- providing various outdoor terraces that face the park
- ESD development – including the PV panels and rainwater collection

The following commentary provides advice and recommendations for the project:

The SEARs requires the EIS submission to include evidence of issues raised at the SDRP and how the “design of the development has been amended in response to these issues”. The proposal presented at the second SDRP has largely remained unchanged from the first SDRP, at which fundamental aspects of the scheme were not supported. **The specific requirements of the brief, site constraints, the increased FSR over the permissible 1:1 FSR and height limits have resulted in a compromised proposal.** Refer back to the advice letter from the first SDRP to review and re-examine concerns raised.

The project team is encouraged to strive for better amenity outcomes. This may not be achievable without a significant redesign from first principles.

The scheme is currently car-parking driven, although parking numbers in Stage 2 are not significant (13 spaces). **The stage 2 undercroft parking could be relocated elsewhere to allow for redistribution of GFA and useable space at ground level to reduce overall height, bulk and create a better public interface.**

The quality of the open space, terraces and the central courtyard should be prioritised to promote the health and wellbeing of the future vulnerable patients and staff.

- **Three of the five terraces are not documented. The proponent should provide documentation for all landscaped spaces.**
- **The smaller level 1 courtyard does not constitute a quality open space with only a tiled surface, pot plants and café tables, where a much more integrated response should be provided. There is no guarantee that pot plants will be provided. The pot plants may die and be removed as a result.**

Connecting with Country

1. Develop an architectural design response to Country in addition to the art and landscape response. Applied art and native planting are not considered a comprehensive or an integrated response to Country. Below are some examples of how Country can be better integrated into the design:
 - a. consider how ground-level landscaped space and upper-level terraces can celebrate the microclimate (breeze, sunlight) and frame views toward the park
 - b. think about how flood mitigation could be celebrated – for example, a rain garden
 - c. consider the possibility of a native sensory garden/bush tucker garden with input from the local Indigenous community
 - d. develop the finishes and colour palette in areas to relate to the site

- e. consider Indigenous language for naming and wayfinding with guidance by the local Indigenous community.
 - Response to Country is not clearly demonstrated within the Architectural Design Statement and does not respond to commentary from SDRP 01 and 02. Please ask the proponent to confirm the locations and the response.
 - The proponent claims a minimum of 40% canopy for the site and approximately 70% green space (page 23-24). These figures appear incorrect. Please ask the proponent to demonstrate how these targets are achieved within the proposal within the site boundary.
 - The proponent writes about providing herb gardens and green walls within the Architectural Design Statement (page 24). I cannot find the location or documentation of these landscape elements within the Landscape Strategy document.
2. Hold in-person consultation throughout the project lifecycle with local Indigenous community members on the art strategy, landscape and architectural design. Demonstrate how this consultation input is reflected within the design. Refer to the draft framework [Connecting with Country](#) on the GANSW website for further information.
 3. As mentioned in the first SDRP advice, show the development of the Aboriginal artwork by partnering with local Aboriginal artists where possible, as early as possible in the design process to assist a rich integration of ideas.

Site strategy and Landscape

4. The central courtyard should be reconsidered fundamentally. It is recommended that the courtyard be enlarged to improve its proportions. The central courtyard is the only open space that is completely open to the sky, and it is enclosed on all four sides and overshadowed. For example, improve the courtyard by:
 - a. increasing its size
 - b. considering its use for all possible users
 - c. considering acoustics
 - d. including vertical planting for privacy, beautification and softening – Privacy for patient rooms adjacent to the courtyard has been reduced with the new proposal. As shown in the SDRP 02 courtyard design, providing garden beds next to windows allows for privacy for patient rooms. The EIS landscape drawings show access from patient rooms to the courtyard – which could

be problematic. The architectural drawings do not depict access from the patient rooms to the courtyard.

- e. consider hanging sculptural and planting elements to make it an interesting area to look onto – Strike a balance between visual interest and overshadowing. As shown in the EIS drawings, the hanging planters are likely to increase overshadowing to the courtyard.
 - f. think about what Indigenous themes could be further integrated into the design.
- It is unclear if the courtyard is covered with a glazed roof. A structure over the courtyard is depicted in hand sketches (shown in the Architecture Design Statement, page 9) but not within the section drawings on page DA3000 within the Architectural Plans pack. Please ask the proponent to clarify this. Enclosing the courtyard with a glazed/semi-transparent structure is not supported.
5. Invest in the other terraces to improve access to the sun and sky. Given the limitations of the brief and program, the terraces should be designed to feel like a destination and an enjoyable space where people want to spend time.
 6. Develop the tactility of the ground level and terrace landscaped areas, so the building does not feel institutional. Consider planting and materials that appeal to all the senses.
 7. There is not enough justification for this scheme to be driven by parking. Explore options to relocate the 13 parking spaces under stage 2. Consider introducing basement parking or half-sunken parking below the stage 2 building. Alternatively, the stage 2 undercroft parking could be relocated by extending the west parking area and introducing parking off Lytton Street in front of the stage 1 building.
 8. Explore how to reduce the building height by removing car parking at the stage 2 ground level and introducing ramps to mitigate the level change between stages 1 and 2.
 9. The building height should be reduced to below 15m to mitigate overshadowing to the park during winter.
 10. Place active rooms on the ground level to articulate the street and park entrance path in a friendly manner.
 11. Reconsider the fence design to be a part of the architecture to create privacy and a positive interface with the park. For example, avoid using only metal fencing and provide sections of solid materials such as stone piers or hedges with portions that allow views into the park. Alternatively, create a dense buffer to the fence with planting on both

sides. Define the security function of this boundary fence in relation to the open, unfenced boundary to Lytton Street.

- The 3D axonometric views, renders and plans all show different depictions of the outcome of the fencing strategy. Please ask the proponent to provide consistent and precise documentation of the boundary strategy.
 - Regarding SDRP 01 comment to screen to the undercroft, this is not adopted as mentioned within their written response (Architecture Design Statement, page 21, item 4) in the elevations.
12. Carefully consider the design development of the landscaped and recreation open space within the under-croft area to ensure it is inviting.
 13. Discuss the inclusion of additional street trees with the Council to improve the street interface. Additionally, as mentioned within the first SDRP, allow for landscaping at this boundary that benefits the public, staff and patients and integrates the project into the neighbourhood.
 14. Communicate the quality of the open space, courtyard and terraces through design sections and 3Ds. For example, these could be hand-drawn. Show people within the drawings to demonstrate spatial qualities.

Architecture

15. Provide updated perspectives that demonstrate the visually considered screening to the undercroft car park. This suggestion was noted as “adopted” but is not shown within the 3Ds.
16. Consider safety through environmental design and lighting to the existing facility, including the current entry and the new stage 2 extension.
17. Consider including skylights for the upper-level communal spaces to introduce additional light.
18. Dimension the 350mm articulation zone of the façade.

Sustainability and Climate Change

19. Include health and wellbeing targets within the ESD principles. For example, refer to the [WELL Building Standard](#).
20. Consider an ESD rating standard, such as Green Star, to guide the sustainability ambitions and promote your business commitment to sustainability.

The issues outlined above are to be addressed as part of the EIS submission. This project should return to the SDRP after the exhibition period and prior to lodging

the RTS. Allow time for SDRP comments to be incorporated in the RTS submission when booking the next SDRP session.

We trust this information is helpful and look forward to seeing the project as it develops. Please contact GANSW Design Advisor, Laura Graham ([REDACTED]), if you have any queries regarding this advice.

Sincerely,



Rory Toomey
Principal Design Excellence
Chair, SDRP

Distribution:

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