

ROYAL SOCIETY FOR PUBLIC HEALTH

England & Wales · Charity number 1125949

Details

Status Registered

Legal form Other

Company number [RC000825](#)

Registered 2008-09-18

Register [View on the Charity Commission register](#)

Contact

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London
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Activities

Objects: THE PROMOTION AND PROTECTION OF PUBLIC HEALTH IN SUCH WAYS AS ARE CHARITABLE IN LAW

Activities: RSPH is an independent, multi-disciplinary organisation, dedicated to the promotion and protection of collective human health and well-being. Through advocacy, mediation, empowerment, knowledge and practice we advise on policy development, provide education and training services, encourage scientific research, disseminate information and certify products, training centres and processes.

Classification

- **How:** Provides Advocacy/advice/information, Acts As An Umbrella Or Resource Body
- **What:** Education/training, The Advancement Of Health Or Saving Of Lives
- **Who:** The General Public/mankind

Geography

- **Area of benefit:** UNDEFINED. IN PRACTICE, NATIONAL.
- Northern Ireland
- Scotland

Finances

Period end	Income	Expenditure	Assets	Employees
2024-12-31	£3,240,147	£3,100,632	£12,195,087	37
2023-12-31	£3,194,718	£2,984,271	£11,717,008	37
2022-12-31	£3,144,852	£2,998,284	£11,492,535	35
2021-12-31	£2,836,450	£2,902,292	£13,245,611	33
2020-12-31	£2,299,971	£2,570,253	£13,562,205	34

Trustees

Name	Role	Appointed
Dr Jonathan Andrew Pearson-Stuttard	Chair	2019-11-01
Abigail Johnston Hume		2024-02-20
Charlotte Wood		2023-02-21
Dr Carl Mayers OBE		2025-07-11
Dr Rachel Isba		2023-03-01
Dr Rebecca Cooper MP		2023-09-21
Elizabeth Wynn		2023-03-01
JEREMY BENSON		2023-02-21
Lord James Bethell		2025-06-01
Malcolm Groat		2023-02-21
Margaret Waterston		2022-08-08
Meir Hakkak		2023-02-21
Nilam Prinjha		2023-09-21
Professor Nicholas Harding OBE		2023-09-21

Accounts



RSPH
ROYAL SOCIETY FOR PUBLIC HEALTH
VISION, VOICE AND PRACTICE

ANNUAL REPORT 2024

TABLE OF CONTENTS

3	REFERENCE AND ADMINISTRATIVE DETAILS
4	CHAIR'S FOREWORD
5	RSPH IMPACT IN NUMBERS
7	OVERVIEW OF ACTIVITIES AND IMPACT
21	PRIORITIES FOR 2025
22	RSPH 2025 PLAN
24	STRUCTURE, GOVERNANCE AND MANAGEMENT
30	STATEMENT OF TRUSTEES' RESPONSIBILITIES
31	INDEPENDENT AUDITOR'S REPORT
37	STATEMENT OF FINANCIAL ACTIVITIES
38	BALANCE SHEET
39	STATEMENT OF CASH FLOWS
40	NOTES TO THE ACCOUNTS

REFERENCE AND ADMINISTRATIVE DETAILS

Charity No: 1125949 England and Wales, SC040750 Scotland

Principal and registered office: John Snow House, 59 Mansell Street London E1 8AN

Trustees: Members of the Council since 1 January 2024

Dr Jonathan Pearson–Stuttard	Chair
Margaret Waterston	Treasurer
Jeremy Benson	
Dr Rebecca Cooper	
Malcolm Groat	
Meir Hakkak	
Professor Nick Harding	
Dr Rachel Isba	
Abigail Johnston–Hume	Appointed 20 February 2024
Halima Khan	To 19 September 2024
James Morris	To 31 May 2025
Nilam Prinjha	
Charlotte Wood	
Elizabeth Wynn	

Bankers:

HSBC Bank, Wimbledon Branch, 5 Wimbledon Hill Road, London SW19 7NF

Legal Advisors:

Hempsons, 40 Villiers Street, London WC2N 6NJ

Auditors:

Moore Kingston Smith LLP, 9 Appold Street, London EC2A 2AP

Investment Advisors:

Rathbones Investment, Management Ltd 1 Curzon Street, London W1J 5FB

CHAIR'S FOREWORD

2024 was another very important year for the public health community in the UK and around the world. Political change and global economic headwinds have reshaped the landscape over the past year.

Despite that change, the work and principles that underpin public health have never been more important especially given the health challenges that we are facing as a nation.

Health inequalities continue to cause great harm across our communities resulting in too many people living shorter, unhealthier lives. More and more people are leaving the workforce due to ill health which has steep costs for both our economy, communities and the individuals impacted. We have also seen the return of vaccine preventable diseases that we once thought eradicated such as polio and measles.

It is against this backdrop that I take huge pride in the work that the Royal Society for Public Health has continued to deliver in 2024.

We know the impact that high-quality public health education can have in changing lives for the better and during 2024 tens of thousands of people have benefitted from our qualifications, courses, and events. Our leading academic journals have been downloaded over a million times meanwhile we have welcomed more members into our community that share our vision of a healthier and more equal future.

Over the course of 2024 we have used our voice to articulate a bold vision on our strategic ambitions on tackling health inequalities, strengthening the wider public health workforce, and building healthier workplaces.

To continue playing our unique role in the public health system it is vital that we remain financially sustainable as an organisation. That's why I'm delighted that for the third year running we delivered financial balance, putting us on firm footing to deliver on our ambitions in 2025.

Our progress and impact is testament to our people. The RSPH staff team's commitment and energy to their work has been incredible. My fellow Council Trustees and the broad range of expertise they bring has been an immense asset to our organisation and the wider impact of our members and broader partners ensures we deliver as much impact for the public's health as we can.

While we remain encouraged by the progress we have made in 2024, we know that the year ahead will be challenging. We are committed to deliver above and beyond in 2025 so that more people can experience the benefits of a healthier, more prosperous society.

I invite you to explore this report to learn about our collective achievements in 2024 and our shared ambitions for the year ahead.

Dr Jonathan Pearson-Stuttard FRSPH FFPH
Chair of Council

INTRODUCING THE RSPH AND OUR IMPACT IN NUMBERS

Health is essential for individuals and communities to thrive.
This is why we exist.

It is our mission at the Royal Society of Public Health, to protect and promote good health and wellbeing so that people live fulfilling lives. Founded in 1856, our early achievements resulted in improvements to sanitation and prevented the spread of deadly diseases. We are the world's oldest public health organisation and have been at the forefront of this movement through our work to advocate for reform and educate the public. We know that health - physical and mental - varies from person to person and we also work across communities and societies to address the wider factors which affect health and wellbeing.

Today, we are an independent charity working in the UK and globally to influence change, to connect and empower, and to enable through education and skills. Our focus is on vision, voice and practice:

Vision: influencing change

- At an individual level, we provide information and resources to help people make informed choices about their health.
- At a societal level, we advocate for policies and initiatives that promote public health and well-being.
- Supporting this, we conduct research on key public health issues, providing evidence-based insights.

Voice: connecting and empowering people and partners

- Our membership supports organisations, professionals and people who care passionately about this mission to protect the public's health.
- We publish respected peer-reviewed journals to share knowledge and inspire action.

Practice: enabling others through education and skills

- We are the UK's leading regulated qualifications Awarding Organisation in Public Health, offering a wide range of qualifications and training courses for public health professionals.
- We set and maintain high standards of education within the public health sector.

WHAT WE ACHIEVED IN 2024

THE YEAR IN NUMBERS

TOTAL CPD HOURS
CLOCKED:

56,176

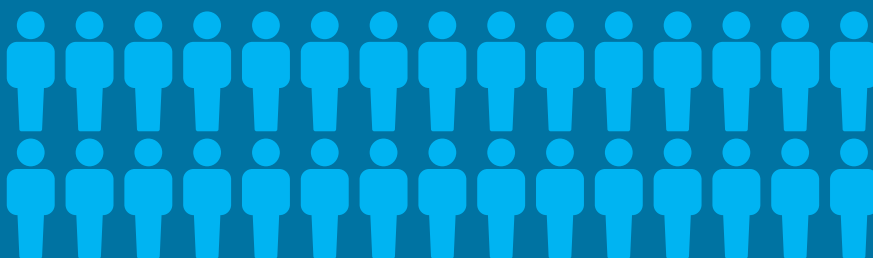


1.6 JOURNAL
DOWNLOADS
MILLION



TOTAL NUMBER
OF MEMBERS.

6,000



NUMBER OF
TRAINING CENTRES

410



TOTAL NUMBER OF
QUALIFICATIONS DELIVERED

23,226



DIPOC MED
SATISFACTION RESULTS.

100%



1,600
MEDIA MENTIONS

TIMES THAT OUR POLICY
CONTRIBUTIONS WERE
VIEWED ON OUR WEBSITE

4,107



SUBMISSIONS:

6,000



OVERVIEW OF ACTIVITIES AND IMPACT

1. RSPH in 2024 and our impact on the political landscape

As the world's oldest public health agency, the Royal Society for Public Health (RSPH) has a proud history of supporting the wider public health workforce through education, training, research and influencing.

In the UK, it's clear that some people are much healthier than others, and money worries are making health worse. That's why our work is so important.

As we committed to in our most recent strategy, we'll support the people who work in public health, push for everyone to take responsibility for health (especially the roles of workplaces and governments), and work hard to fix the unfair health differences.

This section describes how, in 2024, we worked to keep people and populations healthy and happy. We pushed for real solutions, focused on stopping problems before they start, and tackling those health inequalities. It was also a global election year with many countries holding elections with consequences for public policy and impacting public health.

We know we can do even more and we have some exciting plans for 2025 to make a bigger difference in the UK and other countries.



Prevention as a priority

We advocated for a fundamental shift to prioritise preventative measures in public health policy, something that we recognise is also essential for long-term health and economic prosperity.



We published two reports in 2024 highlighting the importance of vaccination and how societies can improve uptake, especially in communities where the evidence shows uptake is lower. Our research showed that parents, carers and professionals want to be able to make informed decisions about vaccinations. Our polling made the case that most people recognise the importance of vaccines for their health but that there is a knowledge gap, particularly in some communities. It also shows public concerns about the impact of vaccines on respiratory illness and wider vaccine safety and we made the case that understanding public attitudes, developing more targeted communication and more accessible routes to vaccinations is key.

Addressing health inequalities

The widening of health inequalities is a continuing concern for us at the RSPH. We called for policies that target the social determinants of health, recognising that factors like poverty, housing, and education significantly impact health outcomes.

In May, with our partners at the Royal Society of Medicine, the Faculty of Public Health, and the Association of Directors of Public Health, we hosted an anti-poverty event: Tackling Poverty - A Call to Action. This helped to bring a focus on the millions of people in the UK living in poverty and destitution. Our data shows the profound impact that poverty has on health and we know that there are solutions that can help: decent homes, good jobs and access to social security.

**“WITH THE UK HEADING TO THE POLLS THIS JULY,
WE’RE CALLING ON THE NEXT GOVERNMENT TO IMPLEMENT
PREVENTATIVE MEASURES TO BUILD A HEALTHIER AND MORE
PRODUCTIVE FUTURE FOR ALL.”**

RSPH’s ‘Vision for the next government’



Focus on the wider determinants of health

We recognise that health is influenced by a wide range of factors beyond healthcare and so we advocated for policies that address these wider determinants. This included projects on workplace health and wellbeing, access to healthy food, safe housing, and opportunities for physical activity.

The importance of the public health grant

The RSPH remains vocal about the need to increase funding for public health and prevention including an increase to the Public Health Grant. Adequate resources are crucial for the delivery of effective preventative services.

The wider public health workforce

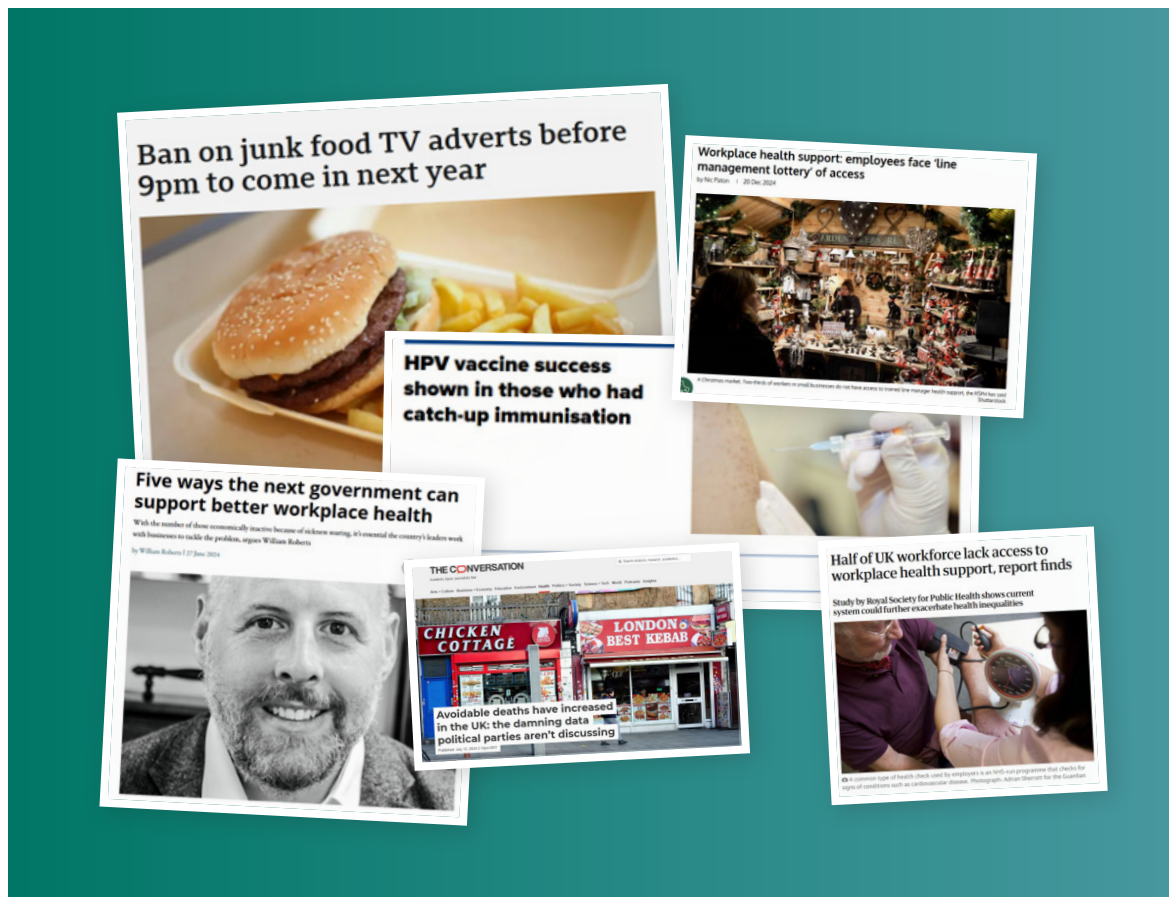
The RSPH is pushing to recognise and empower the wider public health workforce. We continue to promote the idea that public health is not solely the responsibility of healthcare professionals but involves a diverse range of individuals and sectors.

With the political landscape changing, we actively engaged with policymakers to ensure that public health remains a priority. We provided evidence-based recommendations to inform policy decisions, particularly in areas like food policy, alcohol regulation, and tobacco control.

2024 was a year of political change and we sought to influence the agenda in the UK with our thinking on what public health needs from new governments. Aligned with our charitable objectives, in advance of the UK election, we called for the new government to tackle inequalities through investing in the public health grant and implementing the Tobacco and Vapes Bill. We talked about the opportunities of empowering the 1.5 million people who make up the wider public health workforce to create a prevention network and helping to reduce pressure on the NHS. We called for healthy places to work as improving workplaces benefits all.

“WE SPEND A GREAT DEAL OF OUR ADULT LIVES IN AND AROUND THE WORKPLACE. WE NEED TO THINK ABOUT HOW WE USE OUR WORKPLACES TO BUILD HEALTH, KEEP PEOPLE WELL, AND PREVENT PEOPLE BEING SIGNED OFF SICK.”

William Roberts, Chief Executive, RSPH, quoted in The Guardian



Media coverage RSPH featured in throughout the year

In the UK, 2024 saw the importance of public health and prevention underlined by Lord Darzi's *Independent Investigation into the NHS in England*, commissioned by the new UK Government (Independent Investigation of the National Health Service in England (2024)). The deteriorating health of the nation, the report said, is a significant factor contributing to the challenges faced not only by the NHS but also wider society and the UK economy. The sobering report made as one of its key conclusions a call for a shift from treatment to prevention, something we not only welcomed but will also take action to support. The conclusions include a cross-government goal to increase healthy life expectancy in addition to highlighting:

Deteriorating health

The overall health of the nation has deteriorated, with a significant rise in the number of people living with multiple long-term conditions.

Health inequalities

Persistent and widening health inequalities, with certain groups such as those living in poverty, experiencing disproportionately poor health outcomes.

Prevention

The importance of prevention despite cuts to public health grants and a call for greater investment in preventative measures.

2. Unlocking the potential of the wider public health workforce

Against the backdrop of a shifting political landscape, our long-term focus on the wider public health workforce remained steadfast in 2024. To truly move to a preventative system that builds health outside traditional models – we believe it is essential to look beyond the usual suspects and settings.

We know that there are millions of people across the UK workforce that are making a positive contribution to health of the public through their roles. While this isn't always recognised, we believe that there is transformative potential to build a healthier future by developing and supporting the wider public health workforce

Over the course of 2024 we made significant progress on our strategic ambitions for the wider workforce through a range of advocacy, research, and developmental activities.



The Unusual Suspects: Unlocking the Potential of the Wider Public Health Workforce

In March we published our flagship 'Unusual Suspects' report. Developed in collaboration with the public health system, the report set out a compelling case for greater recognition of the impact with the wider workforce, clearer routes into public health, and the need for a cross-sector national strategy for the whole UK Public Health Workforce.

"THE WIDER PUBLIC HEALTH WORKFORCE BRINGS A DIVERSE RANGE OF EXPERTISE AND PERSPECTIVES TO PUBLIC HEALTH, AND WE MUST RECOGNISE THESE CONTRIBUTIONS AND DRAW OUT OPPORTUNITIES FOR DEVELOPMENT AND LEADERSHIP."

Professor Kevin Fenton FRSPH, President of the Faculty of Public Health

The report received endorsement from across the public health system, representative industry bodies and other stakeholders. Its launch was accompanied by a webinar which was attended by well over 100 people and brought together representatives from public health, government and the wider public health workforce.

“I’M HEARTENED TO SEE THAT RSPH, ALONGSIDE THE REST OF THE PUBLIC HEALTH SECTOR, HAS COME TOGETHER TO CALL FOR RECOGNITION FOR OUR VITAL ROLES AS PART OF THE WIDER PUBLIC HEALTH WORKFORCE.”

Denise Hanson, Commercial Director, British Institute of Cleaning Science

The report was widely shared on social media and received thousands of views on our website. As well as deep digital engagement, the report was also accompanied by a series of thought leadership articles that raised awareness with key political stakeholders.

“SUPPORTING THE WIDER PUBLIC HEALTH WORKFORCE OFFERS THE POTENTIAL TO HELP PRODUCE BETTER HEALTH OUTCOMES, REDUCE PRESSURE ON THE NHS AND GROW THE ECONOMY. IF LABOUR COMES TO POWER, WE URGE THEM TO MAKE THE MOST OF IT.”

William Roberts, Chief Executive, RSPH, in a Fabian Society article (11/04/24)

The successful launch of the report led to several constructive meetings with stakeholders from national and devolved government, and relevant workforce committees, to discuss the contents and recommendations in the report. We remain committed to continuing these conversations in 2025.

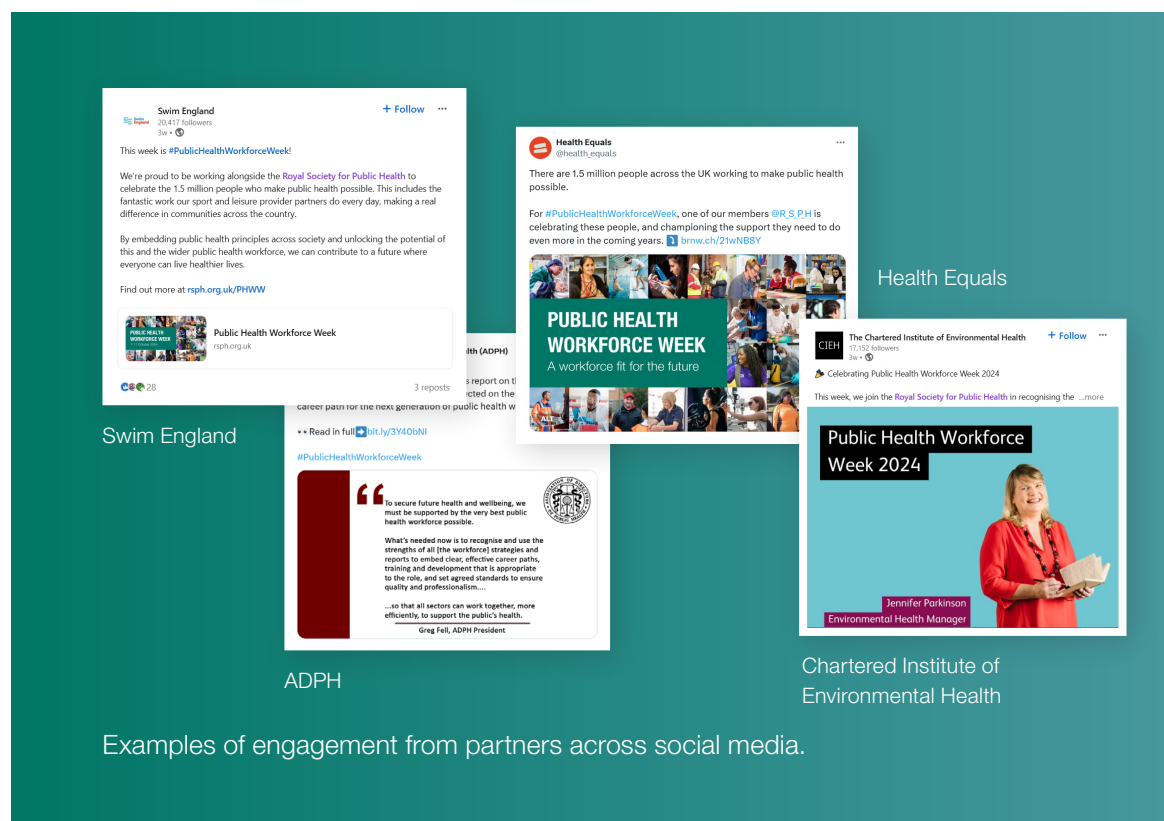
Public Health Workforce Week - 7-11 October

Celebrating the impact of the public health workforce was a thread that ran through 2024. For the third year running, we led Public Health Workforce Week. Designed to celebrate the contributions made across the workforce to make our society healthier, this year’s theme was centred on building ‘a workforce fit for the future’.

In the run up to the week we published a series of reports that looked at different challenges and opportunities facing the public health sector:

- ➔ [Public Health 2040: Ageing Demographics and the Wider Public Health Workforce](#)
- ➔ [Public Health 2040: How Technology and AI is Reshaping the Wider Public Health Workforce](#)
- ➔ [Public Health 2040: Health Protection in a Warming World](#)

Our staff made a concerted effort to make the week as participative as possible. The communications pack was downloaded over 50 times and the webpages created for the week were viewed over 500 times. Partners from across different sectors took part in the week including Swim England, The Association of Directors of Public Health, Chartered Institute of Environmental Health, British Pest Control Association, the University of Salford, and many more.



Examples of engagement from partners across social media.

The week culminated in an online webinar 'Public Health 2040: Future Challenges for Public Health' which had over 300 registrations.

Creating accessible routes into public health

2024 was a landmark year for raising public awareness and recognition of the wider public health workforce. This was followed up by a huge effort behind the scenes by our staff to pave the way for a transformation of the public health education landscape in 2025.

As the UK's leading provider of high-quality public health education, we have a key role to play in helping unlock routes into it – which was a core recommendation of the 'Unusual Suspects' report. Over the course of 2024 our staff undertook a range of developmental work to help make this a reality.

This included extensive engagement with industries like sport, social care, pest control, the NHS and more to build a clear picture of the educational needs of different workforces. We also garnered the views of the wider public health workforce through direct consultation with them to understand their career challenges, and crucially, what structured support they need to go further.

“IT WOULD INDICATE THE BELIEF IN OUR WORK AS PART OF PUBLIC HEALTH, AND ALLOW US TO FURTHER DEVELOP AND COMMUNICATE THAT; BE RECOGNISED BY OTHER AGENCIES AS WORKING IN PUBLIC HEALTH.”

Consultation response from a member of the wider public health workforce on the prospect of more accessible routes into public health

Creating accessible routes into public health careers is a vital part of our strategic ambitions for 2025. We are confident that the development work we have done in 2024 puts us on a solid footing to continue delivering on our vision of a well-supported public health workforce that is equipped to make a positive impact on our nation's health and wellbeing.

3. Celebrating the transformative power of public health education

Our long-term focus on the wider workforce is informed by our fundamental belief in the transformative power of high-quality public health education. This underpins our vision for a healthier future in the UK, and across the world.

As an educational charity we take enormous pride in the impact of our membership, educational services, three renowned academic journals, showcase events, and industry leading qualifications.

Every single day, the thousands of people we support through our educational offering put their learning into practice to prevent disease, promote healthier lifestyles, and protect the health of the public.

Our educational functions are also core to our organisational sustainability and our ability to continue to be an independent anchor and voice for the public health system.

A global community of people dedicated to improving public health

We are home to a membership of 6,000 people that share our vision of building a healthier future in the UK and around the world.

Our membership includes food safety specialists, healthcare professionals, environmental health experts, policy makers, academics, students and many other people from all walks of life at different points in their career. Despite global economic uncertainty, we were pleased to welcome more members in 2024 growing our community to over 6,000.

A concerted focus on member engagement was a theme that ran throughout 2024. Over 5,000 people benefited from free educational webinars on water safety, public health, food safety, art and health, and behaviour change. RSPH members continued to access free eLearning on public health, menopause, mental health and infection control.

We held our annual Members' Open Day at John Snow House. Our members enjoyed the opportunity to hear from our senior management team about our organisational focus and priorities. Our Chief Executive William Roberts delivered the annual AGM lecture on the 'Unusual Suspects' report.

Over the course of 2024 we also held a number of RSPH 'Sparks Debate' webinars which featured leading figures in public health and beyond. '*Health Inequalities: how can we turn back the tide?*', chaired by William Roberts and with guest speaker Jim McManus, had an audience of around 800 and was our most watched webinar of the year.

Other notable webinars saw Lucy Easthope deliver a webinar on pandemic preparedness and the Children's Commissioner, Dame Rachel De Souza, on children and young people's health.



William Roberts delivering our Member's Open Day lecture

A trusted source in uncertain times

In a world where disinformation and distrust have become increasingly prevalent forces in global health discourse, our three academic journals continue to be a trusted source for the public health community.

We work with our editors and reviewers managing RSPH's three peer reviewed academic journals to publish relevant and ethical research which improves the public's health adding immense value to the knowledge base and debate on global health.

Our three academic journals (Public Health, Public Health in Practice and Perspectives in Public Health) were downloaded over 1.6 million times and received 6,000 submissions.

We produced special issues on Health Inequalities, Creative Global Health, the Burden of Disease in Latin America, Promoting Efficiency and Equity in Healthcare and Improving Population Health. Our most highly cited papers included:

- Associations of loneliness and social isolation with physical and mental health among adolescents and young adults - J Christiansen et al.
- What is the evidence that advertising policies could have an impact on gambling-related harms? A systematic umbrella review of the literature - E McGrane et al.
- Adapting an integrated acute respiratory infections sentinel surveillance to the COVID-19 pandemic requirements, Egypt, 2020–2022 - Manal Fahim et al.

A market leader in providing high-quality public health qualifications

Achieving an RSPH qualification is about so much more than a certificate. We want every learner that achieves an RSPH qualification to be equipped with the vocational knowledge they need to make a meaningful impact on the health and wellbeing of others.

In a challenging financial climate for awarding organisations, we maintained our position as the UK's leading provider of public health qualifications.

Through our 410 training centres 23,266 people became RSPH qualified. We also launched a new qualification, the Level 4 in Suicide First Aid with The National Centre for Suicide Prevention Education and Training CIC.

“WE ARE EXTREMELY PROUD TO ANNOUNCE OUR PARTNERSHIP WITH THE ROYAL SOCIETY FOR PUBLIC HEALTH (RSPH) ALONG WITH OUR NEW LEVEL 4 QUALIFICATION IN SUICIDE FIRST AID®, AND HOPE THAT THROUGH WORKING TOGETHER, WE CAN CONTINUE TO MAKE A REAL DIFFERENCE IN PREVENTING SUICIDE, AND EMPOWER OTHERS TO DO THE SAME!”

Jamie Compton-Rea, Chief Operating Officer, (NCSPET)

Embedding public health skills across the UK workforce

RSPH educational products are rigorously developed so that our learners are equipped to address real-world challenges, enhancing both their careers and health of the communities they work in.

Covering topics like infection prevention control, food safety, mental health in the workplace, and navigating the menopause – we were encouraged to see a third year of sustained engagement with our eLearning and trainer-led courses.

- Total number of learners (eLearning and training) in 2024: **9,418**
- Number of CPD hour achieved in 2024: **56,176 CPD hours**

As well as being a provider of eLearning, we also worked with partners to deliver bespoke products to meet the public health needs of specific audiences. Notably, in collaboration with NHS England, we launched a series of educational products around Violence Prevention and Reduction.

Commissioned by the Department of Health and Social Care, we developed a free access [eLearning course for the Social Care workforce](#) across England to help them recognise the vital role of this workforce in public health and how their work can improve health and wellbeing outcomes.

“THE SOCIAL CARE WORKFORCE ALREADY PLAYS A CRITICAL PUBLIC HEALTH ROLE, BUT THIS NEW RESOURCE WILL SUPPORT THEM EVEN FURTHER TO INCREASE THEIR KNOWLEDGE AND CONFIDENCE IN THIS AREA OF CARE.”

Professor Jamie Waterall, Deputy Chief Public Health Nurse for England

We were also commissioned by the Greater Manchester Combined Authority to develop a [mental wellbeing eLearning course](#) for all residents living or working in Greater Manchester. The course supports individuals to understand the difference between mental health and poor mental health, self-care strategies to support our mental health, and the benefits of sharing with those we trust.

We published an evaluation report of the Making Every Contact Count (MECC) for Mental Health programme in the North East of England and Yorkshire. Nine Lead Trainers and 54 Local Trainers delivered training to 362 end-users. The report showed that our training had the potential to influence 38,500 interactions every two weeks.

Celebrating the very best of public health

The RSPH Health & Wellbeing Awards 2024 was a landmark date in our calendar. In November we brought hundreds of people together to celebrate the innovative and impactful work of organisations that are building health in communities up and down the country.

The Awards were established in 2007 and this year we were inundated with high-quality applications from organisations working across the breadth of public health. Alongside the six categories, all of this year's 30 finalists were entered into the Public Health Minister's Award.

The winners of the 2024 RSPH Health & Wellbeing Awards were:

- ➔ **Arts and Health (supported by the Philipp Family Foundation):** National Arts in Hospitals Network - Our National Health Stories
- ➔ **Community Health Development (supported by Future Fit):** Volunteer Centre Hackney - Volunteering in Primary Care (Together Better)
- ➔ **Health & Wellbeing in Workplaces (supported by Business for Health):** Swansea Bay UHB, Sharing HOPE – The Art of Healing Together
- ➔ **Health at Every Age (supported by ukactive):** University of Southampton LifeLab

- **Healthier Lives (supported by Faculty of Public Health and Association of Directors of Public Health):** British Red Cross, South East London Out of Hospital Project
- **Mental Health & Wellbeing:** James' Place
- **Public Health Minister's Award:** James' Place

“OUR PUBLIC HEALTH COMMUNITY HAS CONTINUED TO DELIVER ABOVE AND BEYOND TO PROTECT AND IMPROVE THE HEALTH OF THE PUBLIC, AND I AM THRILLED THAT WE HAVE HAD THE OPPORTUNITY TO CELEBRATE THEIR IMPACT AND THANK THEM FOR THEIR WORK TODAY.”

Dr Jonathan Pearson - Stuttard FRSPH, Chair of RSPH



Staff from James' Place receiving their Award

Additionally, Olympic gold medallist and active travel campaigner, Chris Boardman CBE, received the John Snow Outstanding Contribution to Public Health Award. This award recognises individuals that go 'above and beyond' to improve the health of the public. Boardman has received this year's award for his campaigning and leadership efforts to encourage movement and active travel through walking, wheeling and cycling.

“THIS AWARD MEANS A LOT TO ME AND IT’S ALSO TESTAMENT TO THE PEOPLE THAT I WORK WITH. GETTING PEOPLE MOVING THROUGH FORMS OF ACTIVE TRAVEL OR SPORT IS FUNDAMENTAL TO BUILDING HEALTH.”

Chris Boardman CBE

Honorary RSPH Fellowships were also awarded to individuals that have made a notable contribution improving the health of the public. These were:

- ➔ Natasha Kaplinsky OBE
- ➔ Professor Linda Bauld OBE
- ➔ Linda Hindle OBE
- ➔ Nicola Close MBE
- ➔ Professor Kevin Fenton CBE



Chris Boardman receiving the John Snow Award

OUR FOCUS IN 2025

In 2022, we set out a [strategy](#) to grow the reach, impact and influence of RSPH. We are proud of the progress described in this annual report and includes growth in our core education and training offer, impact and influence through our wider policy and project work, and strong organisation financial and staff measures.

While we conclude 2024 in a positive place, external factors will also shape the world in which we work in 2025:

- ➔ Changing political landscapes, both in the UK and across the world, presenting both opportunities and challenges in how we deliver our mission
- ➔ A continuing volatile and competitive financial environment resulting in changes to our activity

This points to the need for us to not just evolve but to transform over the next three years. We are lucky to work with hugely talented staff and a wider network of members and partners. We will nonetheless bring energy and focus to delivering our long-term goals to increase our:

- ➔ Scale and reach
- ➔ Growth and stability
- ➔ Influence and relevance

Through a systematic planning process involving all our people and led by our values, we have a clear plan, measures of success and budget which will underpin our delivery in 2025.



RSPH 2025 PLAN

Why plan?

To be guided by our charitable objective



- 'The promotion and protection of public health'

To respond to the world around us

- We are making great progress through valued services, as a trusted leader and with great organisational stability
- Although RSPH services face trading challenges, there are opportunities including a stated 'shift to prevention'
- RSPH needs a step-change to meet and maximise our impact

What we'll do

Involve everyone in delivering our plans



- **Communications:** to create a distinct voice and engage new and existing audiences including a new website and podcast
- **Corporate resources:** Supporting our people's health and wellbeing, a great working environment, and clear decision making to make RSPH a recommended place to work
- **Impact and innovation:** providing value to RSPH teams to develop, deliver and evaluate innovations as well as being ready to respond to external opportunities
- **Membership and Educational Services:** to maintain high quality public health education, journal publications in key health areas, and grow membership
- **Policy and influencing:** through stronger public health policies and partnerships, build a parliamentary platform advocating for 'healthy places' and the wider public health workforce
- **Qualifications:** continue to provide high quality qualifications to strengthen our impact underpinned by a new IT system, new qualifications and scoping a potential international offer

Focus our transformation

- **Our step-change will come from aiming for increased:**
 - scale and reach
 - growth and stability
 - influence and relevance
- **Packages and pathways** will join up our educational offer and move us from a transactional to an integrated education service, enabling people to progress easily, build skills, and gain recognition for career development
- Policy work will focus on the impact we can have and, seizing the initiative of a new government, will seek greater engagement and impact from our work around **‘A Place for Health’**
- We will use our programmes resource to innovate future products, packages and pathways and will use this year to develop, pilot and evaluate a future **workplace health offer**

How we'll do it

By supporting our people



- It is only our people who will bring these plans to life and the RSPH will do everything we can to support them
- Our annual objectives are organised around these plans and we will use those conversations to ensure that all our people have what they need to excel in their roles
- Dedicated resource for training and development will help everyone to learn, gain new skills and progress if they want
- Our workplace will continue to be one which is an exemplar for supporting good health and wellbeing

By taking a joined-up approach

- A process which has involved everyone – from teams to Trustees - has resulted in plans which are ambitious, inter-dependent and that we are all behind
- We will maintain our planning principles through delivery: aligned, simple, supportive and collaborative
- We will focus on delivery at every level and take an open and supportive approach which will be led by our Delivery and Transformation Group, focus on this single set of plans and KPIs, and use planning software to support us

STRUCTURE GOVERNANCE AND MANAGEMENT

RSPH is a registered charity in England & Wales (Reg. No 1125949) and in Scotland (Reg. No. SC040750) and governed by a royal charter and by laws dated 30 September 2008 and as amended on 10 February 2016 and 31 January 2025.

The direction and management of RSPH and its affairs and business are vested in the RSPH Council. The Council members, as charity trustees are responsible for the RSPH and its property and funds. The Council of RSPH consists of not less than five and not more than 15 members including the Chair, Vice Chair, and Treasurer. Trustees are appointed by the Council to ensure an optimum match of expertise and experience to suit the strategic needs of the charity that exists at any given time. All members of the Council act as trustees of RSPH and have a vote.

New trustees are appointed through a recruitment campaign and occasionally on the basis of recommendation depending on the experiences and skills needed. RSPH members are always notified of Council vacancies and encouraged to apply. New trustees send an application and cover letter, and candidates are interviewed by two or three members of the Nominations and Governance Committee.

New trustees are given a formal induction process with senior staff and provided with all the appropriate governance materials including key guidance for trustees from the Charity Commission.

The normal term of office for trustees is three years, renewable for a further immediate term of three years. New Council members are offered induction meetings with the Chair, Chief Executive, and senior staff of RSPH, and every trustee is offered training opportunities as appropriate.

RSPH reviews its long-term strategy regularly with trustees and the executive management team. It operates five standing subcommittees, 'Audit and Risk', 'Nominations and Governance', 'Qualifications Governance', 'Policy & Impact' and 'Public Health Workforce' to provide support to the Council on issues defined by terms of reference. It also creates task and finish groups to explore specific and timely issues when necessary. The trustees meet four times per year as a full trustee group as well as at the Annual General Meeting.

RSPH is managed on a day-to-day basis by an executive management team led by the Chief Executive. To facilitate effective operations, the Chief Executive has delegated authority, within terms of delegation approved by the trustees, for all operational matters including finance and employment. The trustees are listed on page 2 of this report.

Key Management Personnel

The Council of Trustees and members of the executive management team comprise the key management personnel of the charity in charge of directing and controlling, running, and operating RSPH on a day-to-day basis. All trustees give their time freely and no trustee received remuneration in the year for their responsibilities as part of the Council. The executive management team members are the Chief Executive, Deputy Chief Executive, Director of Membership and Educational Services, Director of Finance and Corporate Resources, and Director of Qualifications.

The pay of the executive management team is reviewed annually and normally increases in accordance with inflation. The charity benchmarks salaries based on the market rates.

Risk Management

The Council has assessed the major risks to which the RSPH is exposed, in particular those related to the operations and finances of the charity and is satisfied that systems are in place to mitigate the exposure to major risks. The trustees have set up an Audit and Risk Committee comprising a minimum of three trustees to oversee the risk issues. This Committee reports to Council on relevant matters and sets its own agenda for action and is free to consider any matters relating to the health of RSPH, which could have serious deleterious effects or bring RSPH or its work into disrepute. Where appropriate, risks are covered by insurance. A risk register has been set up and is reviewed quarterly by the Council at its meetings.

The following framework is central to ensuring adequate risk assurance:

- regular identification and monitoring of major risks and development of action plans
- a clear structure of delegated authority and control
- regular review of internal control systems regular summary reports on risk management to the Council
- regular reports on risk management to the Audit and Risk Committee.

Key risks

- As an Awarding Organisation, RSPH is regulated by Ofqual. It is important for RSPH to satisfy the regulatory requirements to maintain the accredited status of its qualifications. The Compliance Manager and other senior staff keep up to date with Ofqual guidance on the Regulatory Conditions. This is overseen on a quarterly basis by the Qualifications Governance Committee.
- As with other Awarding organisations, RSPH is also exposed to fraud by criminal gangs who produce fraudulent certificates that are presented to obtain certain skilled jobs. We are working with Ofqual on this, and signed up to the Ofqual Counter Fraud Action plan where the executive management team will seek to apply the necessary measures to better enable them to detect and prevent qualification fraud to ensure the authenticity of our certificates.

- Like any organisation, the RSPH is also exposed to cyber security threats. To mitigate this risk, RSPH endpoint devices such as laptops and mobiles are fully managed and have antivirus software which is updated regularly. In addition to this, all emails are routed through an anti-spam email gateway. RSPH files are stored in the Microsoft Cloud (SharePoint, OneDrive) and are accessible only from RSPH compliant devices. Multifactor Authentication (MFA) is enabled for all users on all systems where it is available. The RSPH is Cyber Essentials certified and has a Microsoft Secure Score of 68% compared to an average of 47% for other organisations of a similar size (source: Microsoft, April 2025). The RSPH offers compulsory and continuous cyber security awareness training for its employees to reinforce cyber security knowledge in order to stay ahead of evolving cyber threats. In addition to the standard Microsoft backup functionality, the RSPH has a third-party SaaS backup solution in place which backs up Microsoft 365 data automatically once a day with unlimited retention (minimum 12 months). In the event of data loss or a ransomware attack, data can be restored in a time efficient way.
- RSPH is subject to market volatility affecting the valuation of its freehold property and investment portfolio. Property values have stabilised over the past year compared to previous periods. However, global investment markets are currently experiencing significant turbulence. We conduct monthly reviews of valuation reports and hold regular meetings with our investment managers to assess asset allocation. The executive management team is continuously monitoring the situation.
- Over the last few years, the charity has achieved media coverage for its key public health messages. This has exposed RSPH to reputational risk. RSPH has established good media relationships and engages in robust research on topics by our dedicated and trained staff.

Reserves Policy

RSPH's current general reserves stand at approximately £9.5 million, with a significant portion invested in freehold property and other assets. The readily available free reserves amount to £6.6 million, comprising £5.8 million in investments and £0.8 million in cash. The Trustees firmly believe that the reserves policy should reflect the charity's resilience and ability to manage unforeseen financial challenges. In 2022, the Trustees approved a strategic five-year plan for RSPH. To achieve this plan amidst the current volatile economic climate, the Trustees consider it prudent to maintain a robust reserve position. Consequently, they have decided to keep the unrestricted reserves at £6.6 million.

At the beginning of the year, the balance of our designated Innovation Fund was £132,979. We augmented this fund with £133,817 from the previous year's dividend income. Throughout the year, we expended £71,898 on priority areas as per the Trustees' guidelines. As of 31 December, the balance of the designated fund stands at £194,898.

Fundraising

Following the implementation of the Charities (Protection and Social Investment) Act 2016, the charity has reviewed its fundraising activities and confirms that it complies with the regulation. The charity did not make use of any external fundraisers. The charity did not engage in fundraising from the general public and therefore vulnerable groups are not targeted by the charity. No complaints were received in respect of its fundraising activities.

Objects

The trustees confirm that they have complied with the duty in section 17 of the Charities Act 2011 to have due regard to public benefit guidance published by the Charities Commission in determining the activities undertaken by RSPH.

The objects of RSPH as set out in the royal charter are “for the promotion and protection of public health in such ways as are charitable in law”. Through advocacy, mediation, empowerment, knowledge, and practice we advise on policy development, provide education and training services, encourage scientific research, disseminate information and good practice.

Financial Review

Funding for RSPH’s work is generated by its core activities in education and training and through the support of specific projects from charitable sources. It is also supported by the rental income from its freehold property and income from the investment portfolio. The total income from all sources is £3,240,147 (2023–£3,194,718).

Total expenditure for the year is £3,100,632 (2023– £2,984,271) which includes an expenditure of £14,559 in relation to the restricted funds.

Total net income before gains/(loss) on investments amounted to £139,515 compared to the net income of £210,447 in 2023.

Providing qualifications is one of the main activities of RSPH and this has generated an income of £860,225 compared to the previous year’s income of £876,449. The other main activities membership and publishing, have generated an income of £918,440 for the year, compared to the income of £845,010 in the previous year. Income from projects for the year is £210,554 compared to the income of £261,571 in the previous year. In addition to this, RSPH has also provided other activities such as courses and conferences, educational services, and sold resources, which have generated a combined income of £865,844 for the year.

RSPH lets most part of its freehold property at 59 Mansell Street, London E1 8AN under two lease agreements. This has generated an income of £261,106 including service charges for the year.

As at 31 December 2023, the freehold property was valued at £5.545 million by Thurston Hall-Williams of Strettons, a registered RICS valuer. Based on updated advice from Thurston Hall-Williams of Strettons, the estimated value of the property as at 31 December 2024 is £5.58 million.

Based on the revised valuation and increased letting proportion of the building, the split between Tangible asset and Investment property as follows;

- ➔ Tangible asset £1,413,972 (25.34%)
- ➔ Investment property of £4,166,028 (74.66%)

Overall, RSPH's net income after all the gains and losses on investment portfolio and the valuation of freehold property, is £478,079 compared to a net income of £224,473 in the previous year.

Sustainable Investment Policy and Performance

RSPH believes that environmental, social, and corporate governance (ESG) issues, including climate change risks, present financially material risks and should therefore be considered as part of the investment process. We believe that we should work to ensure that the organisations in which we invest are not inconsistent with our organisational values, and that we should, as appropriate, reflect the expectations and focus of our members in this regard.

RSPH believes that engagement is an effective means of helping to manage ESG risks. However, its efficacy can be limited, and other actions should be considered alongside engagement (for example, divestment or escalation of engagement, if necessary).

RSPH may look to engage with its investment managers and may encourage divestment from investments that are failing adequately to respond to the concerns raised through engagement.

RSPH encourages their investment managers to invest actively in ways that support the social determinants of health. We recognise that opportunities for such investment are yet to be fully developed, and we do not wish to constrain our investment managers approach significantly, but we have a clear ambition to move towards becoming a more health-focused investor in the future.

Investments are managed by external managers, Rathbones Investment Management Ltd, who have many years' experiences of investment management and are authorised persons within the Financial Services and Markets Act 2000.

RSPH delegates power to Rathbones Investment Management Ltd to use their best endeavours in managing the portfolio within our sustainable investment policy guidelines. Investments are with corporations that have produced audited accounts in the last five preceding years and trade within the ethical restraints imposed by RSPH.

The investment manager is required to report all transactions within 14 days and submit a comprehensive performance report quarterly. The manager is frequently invited to present their report to the Audit and Risk Committee. RSPH reviews the delegated arrangement with the manager annually. RSPH also undertakes an annual review of its investment objectives which meet the requirements of the Financial Services Authority (FSA).

RSPH's priority is for capital growth with medium income. The portfolio is based on medium risk and may include government and other fixed interest investments and equities. Indirect exposure through UK companies trading internationally is permitted.

During the year, RSPH acquired stocks with a value of £1,527,661 and disposed of stocks with a market value of £1,432,538. The market value of the RSPH investment portfolio at the end of the year stood at £5,817,028.



Thomas Latimer Cleave Memorial Trust

RSPH administers the above charitable fund which is registered with the Charity Commission under the number 296180. RSPH is the only trustee of the fund.

Safeguarding

RSPH works to improve and protect people's health. We need to ensure that children and adults at risk are able to thrive by setting high standards for safeguarding and protecting them. All children and adults at risk have a right to protection and freedom from abuse or exploitation, regardless of age, disability, gender, race, religious belief, sexual orientation, non-binary status, gender reassignment, economic status or identity. Our Safeguarding Policy sets out our position, procedures, responsibilities, and guidance for people at RSPH on safeguarding and protecting children and adults at risk. Where we have formal or sub-contracting relationships with stakeholders, we satisfy ourselves that they have their own safeguarding policies.

Equality, Diversity and Inclusion

RSPH values and actively strives to have a diverse and inclusive workforce in a working environment free from discrimination. An inclusive work culture where people of different backgrounds are valued equally will ensure better outcomes for us all. We continually engage with our staff as well as external partners to help us to understand how we can make our workplace more inclusive and gain an insight into what our staff need most from us.

We complete an annual, anonymous staff survey, to evaluate the impact of ongoing organisational changes and to monitor the diversity of our workforce.

The results overall are incredibly positive and demonstrate clearly that the organisation is working effectively in supporting Equality, Diversity and Inclusion. We are also satisfied that our pay structures ensure equal pay across our workforce.

Statement of Trustees' Responsibilities

The trustees are responsible for preparing the Annual Report and the financial statements in accordance with applicable law and regulations. Charity law in England and Wales and the Royal Charter require the trustees to prepare financial statements for each financial year. Under the law the trustees have elected to prepare the financial statements in accordance with United Kingdom Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law). The financial statements are required by law to give a true and fair view of the state of affairs of the charity and of the surplus or deficit for that period. In preparing those financial statements the trustees are required to:

- select suitable accounting policies and then apply them consistently
- observe the methods and principles of the Charities SORP
- make judgments and estimates that are reasonable and prudent
- follow applicable accounting standards
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the company will continue in operation

The trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the company and enable them to ensure that the financial statements comply with the Charities Act 2011. They are also responsible for safeguarding the assets of the company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees are responsible for the maintenance and integrity of the corporate and financial information included on the company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Dr Jonathan Pearson-Stuttard

Chair of Council

INDEPENDENT AUDITOR'S REPORT TO THE TRUSTEES OF THE ROYAL SOCIETY FOR PUBLIC HEALTH

Opinion

We have audited the financial statements of the Royal Society for Public Health for the year ended 31 December 2024 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 'The Financial Reporting Standard Applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 December 2024, and of its incoming resources and application of resources, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.



Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs(UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Charities Act 2011 requires us to report to you if, in our opinion:

- the information given in the Trustees' Annual Report is inconsistent in any material respect with the financial statements; or
- the charity has not kept adequate accounting records; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we required for our audit.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on **page 30**, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs (UK) we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the charity's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the charity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.



Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

The objectives of our audit in respect of fraud, are; to identify and assess the risks of material misstatement of the financial statements due to fraud; to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud, through designing and implementing appropriate responses to those assessed risks; and to respond appropriately to instances of fraud or suspected fraud identified during the audit. However, the primary responsibility for the prevention and detection of fraud rests with both management and those charged with governance of the charity.

Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the charity and considered that the most significant are the Charities Act 2011, the Charity SORP, and UK financial reporting standards as issued by the Financial Reporting Council.
- We obtained an understanding of how the charity complies with these requirements by discussions with management and those charged with governance.
- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.
- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.
- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.

There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in the financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

Use of our report

This report is made solely to the charity's trustees, as a body, in accordance with Chapter 3 of Part 8 of the Charities Act 2011. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to any party other than the charity and charity's trustees as a body, for our audit work, for this report, or for the opinion we have formed.

Luke Holt (Senior Statutory Auditor)

for and on behalf of Moore Kingston Smith LLP, Statutory Auditor

A handwritten signature in black ink that reads "Moore Kingston Smith LLP". The signature is written in a cursive, flowing style.

9 Appold Street
London
EC2A 2AP

Date: 03/07/25

Moore Kingston Smith LLP is eligible to act as auditor in terms of Section 1212 of the Companies Act 2006.

Royal Society for Public Health
Statement of Financial Activities
for the year ended 31 December 2024

		Unrestricted Funds £	Restricted Funds £	2024 Total £	2023 Total £
Income from:					
Donations and sponsorship		5,500	-	5,500	8,500
Charitable activities	3(a)	2,855,063	-	2,855,063	2,812,877
Other trading activities:					
Rental, room hire and other income		262,286	-	262,286	239,524
Investments		108,177	9,121	117,298	133,817
Total		3,231,026	9,121	3,240,147	3,194,718
Expenditure on:					
Raising funds		260,744	-	260,744	235,673
Trading operations					
Charitable activities		2,825,329	14,559	2,839,888	2,748,598
Total	3(b)	3,086,073	14,559	3,100,632	2,984,271
Net surplus before gains/ (loss) on investments		144,953	(5,438)	139,515	210,447
(Loss)/Gain on revaluation of freehold property		(5,611)	-	(5,611)	(75,810)
Net gain/ (loss) on investments		344,175	-	344,175	89,836
Net surplus/(expenditure)		483,517	(5,438)	478,079	224,473
Net movement in funds		483,517	(5,438)	478,079	224,473
Reconciliation of funds					
Funds brought forward		11,557,674	159,334	11,717,008	11,492,535
Funds carried forward	12	12,041,191	153,896	12,195,087	11,717,008

The statement of financial activities includes all gains and losses recognised in the year.

Royal Society for Public Health
Balance Sheet
as at 31 December 2024

	Note	2024 £	Restated 2023 £
Fixed Assets			
Tangible Assets	6	1,459,544	2,086,180
Intangible Assets	7	37,933	68,163
Investments	8	9,983,056	8,873,643
		11,480,533	11,027,986
Current Assets			
Stock		3,886	804
Debtors		392,017	443,545
Cash at bank and in hand		830,660	745,253
		1,226,563	1,189,602
Creditors: amounts falling due within one year	10	(512,009)	(500,580)
Net current assets		714,554	689,022
Total assets less current liabilities		12,195,087	11,717,008
Net assets		12,195,087	11,717,008
Funds			
Restricted funds	13	153,896	159,334
Unrestricted funds			
General		9,465,859	9,392,642
Designated and revaluation reserve		2,575,332	2,165,032
		12,195,087	11,717,008

These financial statements were approved and authorised for issue by the Council on 12 June 2025 and were signed below on its behalf by;

Dr Jonathan Pearson-Stuttard
Chair

Margaret Waterston
Treasurer

Royal Society for Public Health
Statement of Cash Flows
for the year ended 31 December 2024

	2024 £	2023 £
Cash flows from operating activities (see note below)	119,610	(75,139)
Cash flows from investing activities		
Dividends received	117,298	133,817
Proceeds from sale of other Investments	1,432,538	578,792
Purchase of investments	(1,527,661)	(566,712)
Addition to investment property	(24,677)	-
Purchase of fixed assets	(31,701)	(45,921)
Net cash provided/(used) by investing activities	(34,203)	99,976
Cash and cash equivalents at the beginning of the year	745,253	720,416
Cash and cash equivalents at the end of the year	830,660	745,253

Notes to the Cash Flow Statement

Reconciliation of Net Movement in Funds to Net cashflow from operating activities

	2024 £	2023 £
Net income/(expenditure) for the year	478,079	224,473
Depreciation	21,769	19,591
Amortisation	30,230	33,608
(Increase)/decrease in revaluation reserve	(10,323)	75,810
Dividends and interest	(117,298)	(133,817)
Net loss/(gain) on investments	(342,722)	(89,836)
(Increase)/decrease in Debtors	51,528	30,030
Decrease in stock	(3,082)	426
(Increase)/decrease in Creditors	11,429	(235,424)
Net cash from operating activities	119,610	(75,139)

Analysis of Cash and Cash Equivalents

	2024 £	2023 £
Cash at Bank and in hand	830,660	745,253
	830,660	745,253

Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2024

1. Accounting policies

Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019) - (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102). The Charity meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note(s).

Functional currency and level of rounding

The financial statements are prepared in sterling, which is the functional currency of the charity. Monetary amounts in these financial statements are rounded to the nearest pound.

Going concern

At the end of the year charity's cash balance was £830,660 and the value of its listed investment portfolio was £5,817,028 at the balance sheet date. This can be drawn down to support operating activities if necessary. Given the charity's level of free reserves available at the year end, the Trustees consider that the charitable company has adequate resources to continue in operational existence for the foreseeable future.

Accordingly the financial statements have been prepared on a going concern basis.

Fund accounting

General funds are unrestricted funds which are available for use at the discretion of the trustees in furtherance of the general objectives of the charity and which have not been designated for other purposes. Designated funds comprise unrestricted funds that have been set aside by the trustees for particular purposes. Restricted funds are funds subject to specific restrictive conditions imposed by donors or by the purpose of the appeal.

Income

All income is included in the SOFA when the charity is legally entitled to the income, it is probable that income will be received and the amount of income receivable can be measured reliably. Income is accounted for on an accruals basis. Part of the income from investments is allocated to the restricted funds and this is calculated at the rate of 1% above the Bank of England's base rate on the average balance of the funds during the year.

Grants relating to revenue are recognised in income on a systematic basis over the periods in which the entity recognises the associated costs for which the grant is intended to compensate.

Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2024

Expenditure

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregated all costs related to the category.

Support costs, which include the central office functions such as general management, budgeting and accounting, information technology, marketing and financing are allocated across the categories of charitable expenditure, governance costs and the costs of generating funds. The basis of costs allocation has been explained in the note 3 (c).

Royal Society for Public Health

Governance costs comprise all costs identified as wholly or mainly attributable to ensuring the public accountability of the charity and its compliance with regulation. These costs include external audit and trustee costs. Governance costs are now apportioned on the same basis as support costs.

Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

Charitable activities

Costs of charitable activities comprise all costs identified as wholly or mainly attributable to achieving charitable objects of the charity. These costs include staff costs, wholly or mainly attributable support costs and apportionment of general overheads.

Operating leases

All the operating lease rentals are charged to the income and expenditure account on a straight line basis over the terms of the lease.

Pensions

The RSPH operates a group personal pension scheme with AEGON Scottish Equitable for its employees and this scheme complies with the employer pension duties applicable under Part 1 of the Pensions Act 2008 . This is a contributory scheme and the RSPH contributes 10% to Senior Managers and up to 7.5% to all the other employees. The assets of the scheme are held separately from those of the charity in independently administered funds. The pension cost charge represents contributions payable under this arrangement by the RSPH to the funds. The RSPH has no liability other than for the payment of those contributions.

Tangible fixed assets

Tangible fixed assets, except freehold property, are stated at cost less accumulated depreciation. Depreciation is provided so as to write off the cost of tangible fixed assets over their estimated useful lives of:

Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2024

- ➔ Computer hardware - Three years
- ➔ Office equipment - Four years
- ➔ Office furniture - Four years

The freehold property at 59 Mansell Street, London E1 was acquired by Charity on 27 January 2011 for £3.35million. The Charity decided to adopt the policy of revaluation and the premises was valued at £5.58 million at 31 December 2024. This property is also split between tangible fixed assets (£1,413,972) and investment properties (£4,166,028) as per the mixed use of the building. The trustees believe that the current valuation reflects the realisable value of the premises under current market conditions.

Intangible fixed assets

Intangible fixed assets are stated at cost less accumulated depreciation. Amortisation is provided so as to write off the cost of intangible fixed assets over their estimated useful lives of:

- ➔ Software - Five years

RSPH's policy is to capitalise any of the above items with the value over £500.

Investments

Investments are valued and carried at market value. Realised and unrealised gains or losses on revaluation are disclosed in the Statement of Financial Activities.

Fixed asset investment properties are revalued annually at open market value.

Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

Cash and Cash Equivalents

Cash and Cash Equivalents includes cash and overdraft balances.

Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2024

Employee benefits

➔ **Short term benefits**

Short term benefits including holiday pay are recognised as an expense in the period in which the service is received.

➔ **Employee termination benefits**

Termination benefits are accounted for on an accruals basis and in line with FRS 102

Key estimates and judgements

In the Application of the Charity's accounting policies, which are described in note 1, the Trustees are required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods. The following judgement is considered by the trustees to have most significant effect on amounts recognised in the financial statements:

- ➔ Investment property and freehold property ratio is estimated based on the occupancy square foot basis
- ➔ Deferred income from projects are calculated based on outstanding staff time and other direct costs.

Taxation

As a registered charity, the Society is potentially exempt from taxation on its income and gains falling within s505 Income & Corporation Taxes Act 1988 and s256 Taxation of Chargeable Gains Act 1992 to the extent that these are applied to its charitable purposes. No tax charge has arisen in the year.

Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2024

3 (a) Income - Charitable activities - 2024	Un-restricted General funds £	Restricted funds £	2024 Total £
Qualifications	860,225	-	860,225
Membership and publishing	918,440	-	918,440
Courses & conferences	443,186	-	443,186
Educational services	419,412	-	419,412
Projects	210,554	-	210,554
Bookshop	3,246	-	3,246
	2,855,063	-	2,855,063

Income - Charitable activities - 2023	Un-restricted General funds £	Restricted funds £	2023 Total £
Qualifications	876,449	-	876,449
Membership and publishing	845,010	-	845,010
Courses & conferences	282,672	-	282,672
Educational services	543,804	-	543,804
Projects	261,571	-	261,571
Bookshop	3,371	-	3,371
	2,812,877	-	2,812,877

Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2024

3 (b) Total Expenditure - 2024	Direct costs £	Indirect costs £	2024 Total £
<i>Costs of generating funds</i>			
Rental and room hire costs	174,375	57,538	231,913
Investment managers fees	28,831	-	28,831
	203,206	57,538	260,744
<i>Charitable activities</i>			
Qualifications	628,086	246,993	875,079
Membership and publishing	444,127	212,367	656,494
Courses & conferences	198,788	80,920	279,708
Educational services	306,582	123,274	429,856
Projects	262,851	88,609	351,460
Bookshop	6,065	1,539	7,604
Policy and communications	225,128	-	225,128
	2,071,627	753,702	2,825,329
	2,274,833	811,240	3,086,073

3 (b) Total Expenditure - 2023	Direct costs £	Indirect costs £	2023 Total £
<i>Costs of generating funds</i>			
Rental and room hire costs	164,794	52,327	217,121
Investment managers fees	18,552	-	18,552
	183,346	52,327	235,673
<i>Charitable activities</i>			
Qualifications	599,309	215,822	815,131
Membership and publishing	422,732	174,816	597,548
Courses & conferences	165,340	63,838	229,178
Educational services	345,173	109,045	454,218
Projects	324,137	88,033	412,170
Bookshop	8,919	1,590	10,509
Policy and communications	229,844	-	229,844
	2,095,454	653,144	2,748,598
	2,278,800	705,471	2,984,271

Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2024

	Overheads £	2024 Total £
3 (c) Support costs - 2024		
<i>Costs of generating funds</i>	57,538	57,538
Rental and room hire costs	57,538	57,538
<i>Charitable activities</i>		
Qualifications	246,993	246,993
Membership and publishing	212,367	212,367
Courses & conferences	80,920	80,920
Educational services	123,274	123,274
Projects	88,609	88,609
Bookshop	1,539	1,539
	753,702	753,702
	811,240	811,240

Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2024

	Overheads £	2023 Total Restated £
Support costs - 2023		
<i>Costs of generating funds</i>	52,327	52,327
Rental and room hire costs	52,327	52,327
<i>Charitable activities</i>		
Qualifications	215,822	215,822
Membership and publishing	174,816	174,816
Courses & conferences	63,838	63,838
Educational services	109,045	109,045
Projects	88,033	88,033
Bookshop	1,590	1,590
	653,144	653,144
	705,471	705,471

	2024 £	2023 Total Restated £
3 (c) Support costs cont'd...		
Other Overheads;		
Overhead staff costs	467,805	403,418
Communications	57,803	40,672
Administrative expenses	263,209	234,380
Governance	22,423	27,001
	811,240	705,471

Royal Society for Public Health

Report and financial statements

for the year ended 31 December 2024

Support costs have been allocated on the following basis;

- ➔ Premises costs allocated based on the floor space basis occupied by each department.
- ➔ Overheads allocated based on turn over basis

	2024 £	2023 £
3 (d) Governance costs		
Audit fees	21,080	23,850
Council meeting expenses	1,936	3,151
	23,016	27,001

3 (e) Staff costs

Salaries	1,471,342	1,410,716
Social security costs	158,363	150,078
Pension and other benefits	181,049	173,482
Redundancy costs	-	8,000
	1,810,754	1,742,276

The average number of employees during the year was:

	2024 Number	2023 Number
Royal Society for Public Health	37	37
	37	37

The number of employees whose salary and benefit in kind fell within the following scales is as follows:

	2024 Number	2023 Number
£110,001 - £120,000	1	1
£70,001 - £80,000	2	1
£60,001 - £70,000	1	-

Royal Society for Public Health

Report and financial statements

for the year ended 31 December 2024

Key management personnel

Key Management Personnel are the Trustees and members of the Executive Management Team. Trustees are not paid any remuneration for their role as members of the Council (Board). The Executive management team members are the Chief Executive, Deputy Chief Executive, Director of Membership & Education, Director of Finance & Corporate Resources and Director of Qualifications. The total employee benefits paid to the Executive Management Team were £499,994 (2023 - £556,206)

3 (f) Related parties

Travelling expenses totalling £1,224 (2023-£1,381) were reimbursed to 4 (2023- 7) trustees during the year to 31 December 2024.

Trustees liability insurance premium of £4,200 (2023-£4,200) was paid in the period.

	2024 £	2023 £
4 Operating costs		
The deficit is stated after charging:		
- Depreciation charge:	21,769	19,591
- Amortisation charge:	30,230	38,886
- Auditors' remuneration	21,080	25,407

5 Commitments under operating leases

At 31 December 2024 the charity had annual commitments under non-cancellable operating leases as follows:

	2024 £	Restated 2023 £
Operating leases - Equipment		
- Due within one year	2,322	2,322
- Due within 2 to 5 years	1,742	4,064
	4,064	6,386

Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2024

6 Tangible fixed assets

Cost or valuation	Freehold property £	Computer hardware £	Furniture and Office equipment £	Total £
At 1 January 2024	2,050,540	115,063	45,306	2,210,909
Additions in the period		10,710	20,991	31,701
Revaluation	8,869	-	-	8,869
Transferred to Investment property	(645,437)	-	-	(645,437)
Disposals		(62,825)	(23,069)	(85,894)
At 31 December 2024	1,413,972	62,948	43,228	1,520,148
Depreciation				
At 1 January 2024	-	93,083	31,646	124,729
Charge for the period	-	15,139	6,630	21,769
Disposals	-	(62,825)	(23,069)	(85,894)
At 31 December 2024	-	45,397	15,207	60,604
Net book value				
At 31 December 2024	1,413,972	17,551	28,021	1,459,544
At 31 December 2023	2,050,540	21,980	13,660	2,086,180

At 31 December 2024 there were authorised capital commitments of £Nil (2023: £Nil).

Historic cost and the revaluation of freehold property

The historic cost of the freehold property at 59 Mansell Street, acquired in 2011, was £3.35 million. Subsequent capital expenditure on the property amounted to £455,105 in 2022 and £39,158 in 2024, bringing the total cost of the property to £3,844,263 as at 31 December 2024.

As at 31 December 2023, the property was valued at £5.545 million by Thurston Hall-Williams of Strettons, a registered RICS valuer. Based on updated advice from Thurston Hall-Williams of Strettons, the estimated value of the property as at 31 December 2024 is £5.58 million. This valuation is apportioned between tangible fixed assets (£1,413,972) (refer to note 8) and investment properties (£4,166,028).

The Trustees are of the opinion that this valuation accurately reflects the realisable value of the premises under current market conditions.

Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2024

	Software £	Total £
7 Intangible fixed assets cost		
At 1 January 2024	203,813	203,813
Additions in the period	-	-
Disposals	(9,852)	(9,852)
At 31 December 2024	193,961	193,961
Depreciation		
At 1 January 2024	135,650	135,650
Charge for the period	30,230	30,230
Disposals	(9,852)	(9,852)
At 31 December 2024	156,028	156,028
Net book value		
At 31 December 2024	37,933	37,933
At 31 December 2023	68,163	68,163

At 31 December 2024 there were authorised capital commitments of £Nil (2023: £Nil).

8 Investments

	2024 £	2023 £
RSPH investment portfolio		
Market Value of Investments on 1 January 2023	8,873,643	8,795,887
Additions to UK listed Investments	1,527,661	566,712
Additions to Investment properties	670,115	-
Disposal proceeds	(1,432,538)	(578,792)
Net Investment gains	344,175	89,836
Balance at 31 December 2023	9,983,056	8,873,643
Historic Cost of Investments	8,042,458	8,581,484

All investments are quoted on a registered UK stock exchange.

Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2024

Market value as at 31 December:

Investment properties	4,166,028	3,494,460
UK listed investments	5,817,028	5,379,183
	9,983,056	8,873,643

Investment properties

The historic cost of the freehold property at 59 Mansell Street, acquired in 2011, was £3.35 million. Subsequent capital expenditure on the property amounted to £455,105 in 2022 and £39,158 in 2024, bringing the total cost of the property to £3,844,263 as at 31 December 2024.

As at 31 December 2023, the property was valued at £5.545 million by Thurston Hall-Williams of Strettons, a registered RICS valuer. Based on updated advice from Thurston Hall-Williams of Strettons, the estimated value of the property as at 31 December 2024 is £5.58 million. This valuation is apportioned between tangible fixed assets (£1,413,972) (refer to note 6) and investment properties (£4,166,028).

The Trustees are of the opinion that this valuation accurately reflects the realisable value of the premises under current market conditions.

9 Debtors	2024 £	2023 £
Trade debtors	217,604	233,761
Other debtors	119,184	151,293
Prepayments	55,229	58,491
	392,017	443,545

Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2024

10 Creditors: amounts falling due within one year	2024 £	2023 £
Other taxes and social security costs	60,957	36,973
Trade and other creditors	210,874	140,554
Accruals	58,886	88,771
Deferred Income	181,292	234,282
	512,009	500,580

Included within other creditors is an amount of £36,117 (2023: £18,132) of pension contributions to be paid across to scheme.

Deferred income-movements during the year:	2024 £	2023 £
Balance at 1 January	234,282	345,232
Amounts released to income in the year	(234,282)	(345,232)
New deferred income in the year	181,292	234,282
Balance at 31 December	181,292	234,282

11 Analysis of net assets - 2024

	General Fund £	Designated Fund £	Revaluation Reserve £	Restricted Fund £	Total £
Tangible fixed assets	1,459,544	-	-		1,459,544
Intangible fixed assets	37,933	-	-		37,933
Investments	7,602,622	-	2,380,434		9,983,056
Current assets	877,769	194,898	-	153,896	1,226,563
Liabilities	(512,009)	-	-		(512,009)
	9,465,859	194,898	2,380,434	153,896	12,195,087

Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2024

Analysis of net assets - 2023

	General Fund £	Designated Fund £	Revaluation Reserve £	Restricted Fund £	Total £
Tangible fixed assets	2,086,180	-	-		2,086,180
Intangible fixed assets	68,163	-	-		68,163
Investments	6,938,040	-	1,935,603		8,873,643
Current assets	897,290	132,979	-	159,334	1,189,602
Liabilities	(500,580)	-	-		(500,580)
	9,489,092	132,979	1,935,602	159,334	11,717,008

	1 Jan 24 £	Income £	Expenditure £	Gains, Losses & Transfers £	31 Dec 24 £
12 Funds - 2024					
General fund	9,392,642	3,231,026	(3,086,073)	(71,736)	9,465,859
Designated funds and revaluation reserve					
Innovation fund	132,979	-	-	61,919	194,898
Revaluation reserve	2,032,053	-	-	348,381	2,380,434
	2,165,032	-	-	410,300	2,575,332
Restricted funds					
Harben Trust	89,612	5,376	-	-	94,988
Heggie fund	47,211	2,395	(14,559)	-	35,047
Thomas Latimer Cleave Memorial Trust	8,779	526	-	-	9,305
Awards fund	13,732	824	-	-	14,556
	159,334	9,121	(14,559)	-	153,896
Total funds - 2024	11,717,008	3,240,147	(3,100,632)	338,564	12,195,087

Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2024

Funds - 2023	1 Jan 23 £	Income £	Expenditure £	Gains, Losses & Transfers £	31 Dec 23 £
General fund	9,288,111	3,187,131	(2,980,941)	(101,659)	9,392,642
Designated funds and revaluation reserve					
Building Fund	127,770	-	-	(127,770)	-
Innovation fund	-	-	-	132,979	132,979
Revaluation reserve	1,921,577	-	-	110,476	2,032,053
	2,049,347	-	-	115,685	2,165,032
Restricted funds					
Harben Trust	85,345	4,267	-	-	89,612
Heggie fund	44,963	2,248	-	-	47,211
Thomas Latimer Cleave Memorial Trust	8,361	418	-	-	8,779
Awards fund	13,078	654	-	-	13,732
Robert Wood Johnson	3,330	-	(3,330)	-	-
	155,077	7,587	(3,330)	-	159,334
Total funds - 2023	11,492,535	3,194,718	(2,984,272)	14,026	11,717,008

Royal Society for Public Health

Report and financial statements

for the year ended 31 December 2024

The RSPH has designated certain funds as follows:

Innovation fund - represents amounts set aside from the dividends income from the previous year for the development of priority areas in accordance with the guidelines set by the Trustees

Major restricted funds of the RSPH as follows:

Harben Trust fund - represents amounts restricted for the purpose of an annual lectureship "dealing with some subject embodying the results of original research in conjunction with the science of public health".

Heggie fund - represents amounts restricted for the specific purposes of (a) the refurbishment and maintenance in perpetuity of 'James Heggie Room' in 28 Portland Place.

Thomas Latimer Cleave Memorial fund - represents amounts restricted for the purpose for the advancement of education and in furtherance thereof to provide prizes, awards, scholarships and grants to students of food science

Awards fund - represents all the individual restricted award funds from the predecessor organisations Royal Institute of Public Health and the Royal Society for the Promotion of Health.

	2023 £'000	Cash flow movements £'000	Other movements £'000	2024 £'000
13 Net cash				
Cash at bank and in hand	745,253	85,407	-	830,660
	745,253	85,407	-	830,660

14 Lessor

The Charity earns rental income by leasing its investment property to tenants under non-cancellable leases.

	2024 £	2023 £
Within one year	265,312	197,750
Between two and five years	416,855	583,833
Total undiscounted lease payments receivable	682,167	781,583

Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2024

15 Prior year reclassifications

The following reclassification has been made in the statements relating to the year ended 31 December 2023.

The amount of the revaluation reserve in relation to the Investment Portfolio has been understated in the 2023 statements now corrected.

There has been no impact on the net assets or the surplus for the year as a result of the above change.

Reconciliation of Balance Sheet and Reserves at 31 December 2023

	Note	2023 As previously stated £	Prior year adjustment £	2023 As restated £
Fixed assets		£	£	£
Tangible assets	6	2,086,180	-	2,086,180
Intangible assets	7	68,163	-	68,163
Investments	8	8,873,643	-	8,873,643
Total fixed assets		11,027,986	-	11,027,986
Current assets				
Stock		804	-	804
Debtors	9	443,545	-	443,545
Cash at bank and in hand		745,253	-	745,253
Total current assets		1,189,602	-	1,189,602
Creditors: amounts falling due within one year	10	(500,580)	-	(500,580)
Net current assets		689,022	-	689,022
Total net assets		11,717,008	-	11,717,008
Funds	13			
Restricted funds		159,334	-	159,334
Unrestricted funds				
General		9,489,092	(96,450)	9,392,642
Designated and revaluation reserve		2,068,582	96,450	2,165,032
Total funds		11,717,008	-	11,717,008

Accounts



RSPH
ROYAL SOCIETY FOR PUBLIC HEALTH
VISION, VOICE AND PRACTICE



ANNUAL REPORT AND FINANCIAL STATEMENT

2023



CONTENTS

REFERENCE AND ADMINISTRATIVE DETAILS	3
CHAIR'S INTRODUCTION	4
WHAT WE'VE ACHIEVED IN 2023	6
INCOME MIX 2023 AND 2022.....	7
OVERVIEW OF OUR ACTIVITIES AND IMPACT IN 2023.....	8
PRIORITIES FOR THE NEXT YEAR.....	20
STRUCTURE, GOVERNANCE AND MANAGEMENT.....	21
STATEMENT OF TRUSTEES' RESPONSIBILITIES.....	27
INDEPENDENT AUDITOR'S REPORT	28
STATEMENT OF FINANCIAL ACTIVITIES.....	33
BALANCE SHEET.....	34
STATEMENT OF CASH FLOWS	35
NOTES TO THE ACCOUNTS.....	36

REFERENCE AND ADMINISTRATIVE DETAILS

Charity No:

1125949 England and Wales, SC040750 Scotland

Principal and registered office:

John Snow House, 59 Mansell Street London E1 8AN

Trustees: Members of the Council since 1 January 2023

Dr Jonathan Pearson-Stuttard Chair

Margaret Waterston Treasurer

Jeremy Benson appointed 21 February 2023

Dr Nigel Carter to 21 September 2023

Dr Rebecca Cooper appointed 21 September 2023

Dr Tim Elwell-Sutton to 23 March 2023

Malcolm Groat appointed 21 February 2023

Meir Hakkak appointed 21 February 2023

Professor Nick Harding appointed 21 September 2023

Anne Heughan to 23 March 2023

Dr Rachel Isba appointed 1 March 2023

Abigail Johnston-Hume appointed 20 February 2024

Halima Khan appointed 27 January 2023

James Morris

Nilam Prinjha appointed 21 September 2023

Professor Margaret Rae to 11 April 2023

Wilma Reid to 21 September 2023

Charlotte Wood appointed 21 February 2023

Elizabeth Wynn appointed 1 March 2023

Bankers:

HSBC Bank, Wimbledon Branch, 5 Wimbledon Hill Road, London SW19 7NF

Legal Advisors:

Hempsons, 40 Villiers Street, London WC2N 6NJ

Auditors:

Moore Kingston Smith LLP, 9 Appold Street, London EC2A 2AP

Investment Advisors:

Rathbones Investment, Management Ltd 1 Curzon Street, London W1J 5FB

CHAIR'S INTRODUCTION



2023 was another challenging year for the UK's health. The link between poor health and poor economic opportunities continues to be evident with high levels of economic inactivity due to long term sickness. Many of the social determinants of health are facing negative trends with the cost-of-living crisis and NHS acute and elective pressures are persisting. Amongst this, inequalities in health and the drivers of health continue and in some cases are worsening.

Despite this, good health remains our most untapped individual and collective opportunity for economic prosperity and happiness, but we must value it as this, an asset. It's against this backdrop that the work of the Royal Society for Public Health (RSPH), which I am privileged to chair, is so important and has such potential to impact lives across the UK.

Having launched our new strategy in 2022 we began delivering against our bold ambitions through growing our membership, growing the reach and impact of our educational offer, being a strong advocate for the wider public health workforce and ensuring RSPH is a great place to work.

Over 2023 we have made great strides; we have expanded the range of educational products we provide, returning to pre-pandemic levels of activity in our membership, qualifications and educational services. Our network of training centres delivered qualifications to over 30,000 learners.

I am also delighted that we have been the voice of the wider public health workforce through our activities including Public Health Workforce Week, our member surveys and through advocacy for investment in the wider public health workforce. We have also stepped up our work with a wide range of partners from government to business to ensure that public health is everyone's responsibility.

This has been hand-in-hand with our championing the importance of tackling inequalities through our work on inequalities, vaccines and poverty and increasing the impact and reach of our journals. We have also delivered high quality events and activities.

Alongside our external work, we have strengthened RSPH's internal resilience to ensure we can continue to develop and grow our impact for years to come. This has included investments to strengthen our key processes and systems in IT, Finance and HR to ensure we are a data-informed organisation. We revised the terms and conditions of all of our staff and introduced flexible working policies to ensure RSPH continues to offer rewarding and competitive career opportunities. Crucially, for the second year running we delivered financial balance, which will remain a key priority alongside our governance review and subsequent recruitment of a highly skilled and energetic group of trustees with real diversity in professional and personal experience who are a collective asset to RSPH.

This foundational work will ensure RSPH can grow our impact and contributions to the public's health in the coming year. In, 2024, we are more committed than ever to acting as a convenor within public health, bringing people together who otherwise wouldn't have been part of the conversation to ensure a clear voice for the breadth and depth of public health in election year. We will also be focused on reaching a wider group of individuals and organisations through our educational offer to develop and promote public health skills.

Our successes in 2023 and our hopes for 2024 are all possible because of the deeply committed and energised team at RSPH, the immense contribution of my fellow Trustees and the rich expertise of our members and the wider public health workforce. We are fortunate to have such a knowledgeable and dedicated group, all committed to improving the public's health and enabling health-driven prosperity.

Dr Jonathan Pearson-Stuttard FRSPH FFPH

Chair of Council

WHAT WE ACHIEVED IN 2023:

THE YEAR IN NUMBERS



86%
MEMBER
SATISFACTION
WITH RSPH



1,750,000
DOWNLOADS
OF OUR JOURNALS



OUR NETWORK OF
420 TRAINING
CENTRES
DELIVERED QUALIFICATIONS
TO OVER 30,000 LEARNERS



53,080
CPD HOURS
WERE ACHIEVED THROUGH
RSPH LEARN TRAINING

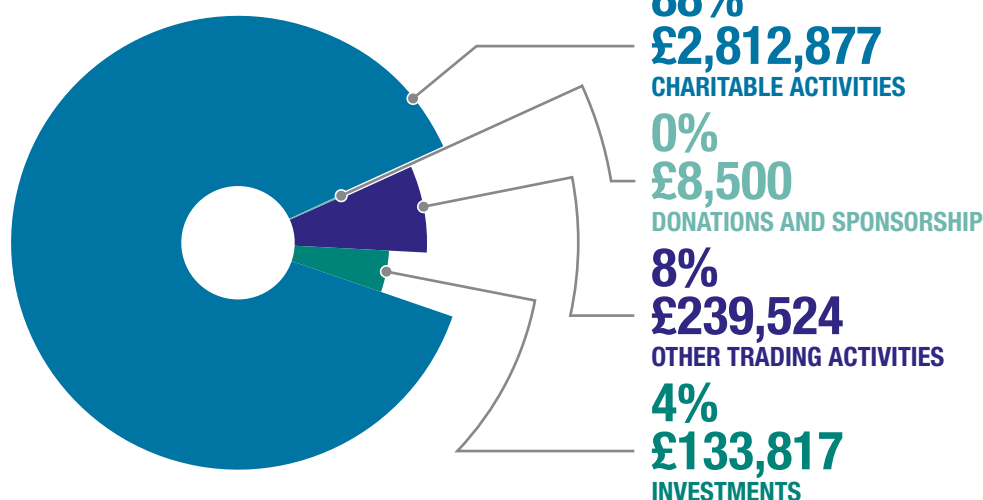
100%

OF ATTENDEES OF OUR DIPLOMA
IN OCCUPATIONAL MEDICINE
SAID THEY WOULD
RECOMMEND IT TO A COLLEAGUE



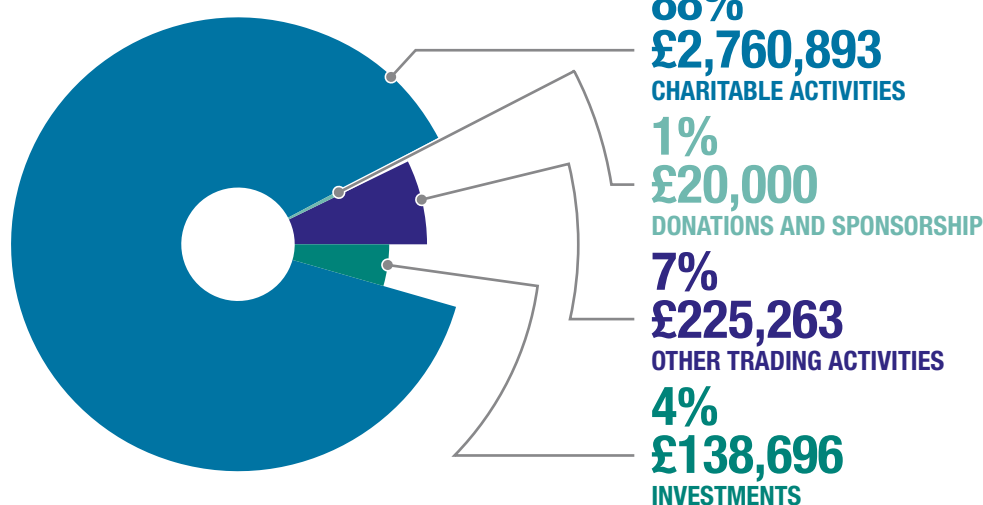
INCOME MIX

2023



£3,194,718

2022



£3,144,852



OVERVIEW OF OUR ACTIVITIES AND IMPACT IN 2023

As the world's oldest public health agency, the Royal Society for Public Health (RSPH) has a proud history of supporting the wider public health workforce through education, training, research and influencing.

With growing levels of health inequalities in the UK, and the impact of financial pressures, including on health and wellbeing, increasingly being felt across the country our work is needed as much as ever.

As we set out in our 2022–2027 strategy, we will continue to fulfil our role as set out in the Royal Charter. We will do this through an unwavering focus on supporting the wider public health workforce, by ensuring that public health is everyone's responsibility with employers and government playing a key role, and through our work aimed at tackling inequalities.

2023 was a busy and productive year for RSPH, with real progress made against delivering our strategy. But there's so much more we know we need to do – and we have exciting plans to ensure we build on our achievements and to deliver ever increased impact across the UK and beyond.

PRACTICAL SUPPORT FOR THE WIDER PUBLIC HEALTH WORKFORCE

Membership: a sense of belonging

RSPH works in communities and across a wide range of settings to help educate the wider public health workforce. Our work includes supporting our members and partners to tackle the greatest challenges we currently face, such as gross inequalities exacerbated by the Covid-19 pandemic and the cost-of-living crisis. We believe that public health is everyone's responsibility, from governments to organisations, businesses and communities. We care about poverty, inequality in all its forms, and fair economic prosperity as a driver of good health. For us inequalities matter and addressing these issues is critical to improving public health.

One of our key strategic objectives, set out in 2022, is to grow the number of people accessing our core services, including membership, so that as we reach more people across the public health workforce, we have greater impact.

Despite challenging economic times, our membership continues to remain healthy and active. With nearly 6,000 members across all areas of public health the RSPH is ideally placed to provide a home for the workforce. We are committed to growing and developing our membership and creating more opportunities for communication and interaction.

Our 2023 Members Survey found a strong satisfaction with RSPH membership (86%) and also provided a wealth of useful insight to shape our work. We continued our work to reach more people by providing free access to our international webinar programme. Over 2,000 people benefited from free educational webinars on water safety, public health, food safety, art and health, vaccination and behaviour change. RSPH members continued to access free eLearning on public health, menopause, mental health and infection control. For the second year running Membership fees remained static, part of our commitment to keep costs low for the public health community and provide excellent value for money.

Policy reports and research on vaccines, work and health, poverty and the cost-of-living crisis, alongside our social media work, all contributed towards effective communication, growing our voice and the voice of our members. This in turn helped to develop that all important sense of belonging to RSPH.

We held a highly successful Members' Open Day at John Snow House. We welcomed over 50 members who enjoyed the opportunity to hear from our senior management team about our new strategy and upcoming work.

Thank you for a great afternoon! As a Fellow of the RSPH it was lovely to meet other members and to meet some of the RSPH team. It was great hearing how passionate everyone is about public health and I'm really looking forward to continuing to work with the RSPH.

Dr Chloe Sellwood FRSPH, Deputy Head Emergency Preparedness, Resilience and Response, NHS England.



We were also delighted to welcome our Vice President, Professor Bola Owolabi, MRCGP MFPH (Hon) of the National Healthcare Inequalities Improvement Programme, NHS England, to give our 2023 AGM lecture 'Health Inequalities: strategy into action'. We were delighted that members and trustees awarded Honorary Fellowships to Professor Carol Tannahill OBE, Deborah Arnott, Graham Rushbrook and Dr Nigel Carter OBE. We also presented RSPH Special Awards to Dame Rachel de Souza, Children's Commissioner for England and Lord Victor Adebawale CBE.

During 2023 we published a series of 'member spotlight' articles on the RSPH website. These provide an insight into the breadth of our membership, highlighting their current roles, career paths and the aspects of public health which are most important to them.

Our Special Interest Groups also ran a number of well attended conferences on topics ranging from planning plumbing systems for the future to listeria.

For us having an active membership clearly demonstrates the value members place on their continued association with the RSPH for both career development and professional recognition.

Improving the public's health through high-quality informative research

We work with our Editors managing RSPH's three peer reviewed academic journals to publish relevant and ethical research which improves the public's health and adds to the debate on health inequalities.

Access to our journals *Public Health*, *Public Health in Practice* and *Perspectives in Public Health* are key membership benefits. We are immensely proud of the journals as they continued to increase in readership and downloads. There were just over 1.75 million downloads across all three academic journals during 2023, and we received over 4,300 submissions, an 11% increase on the previous year. We were also delighted that *Public Health* and *Perspectives in Public Health* increased their Impact Factors in 2023: *Public Health* increased from 4.984 to 5.2 and *Perspectives in Public Health* increased from 3.9 to 5.8.

Our Editors are well placed to produce special issues providing a deep dive on key public health themes, including those directly relating to RSPH strategy, aims and objectives. 2023 topics included mental health, obesity, climate resilient health systems and public health emergencies. The guest editor of the public health emergencies special issue Professor Lucy Easthope, Professor in Practice of Risk and Hazard at the University of Durham went on to speak on a webinar on the same theme. This was a very popular event, providing an exciting opportunity to bring together the wider public health workforce from across the globe discussing real examples of tackling inequalities exposed and exacerbated during Covid-19.

We also work with our publishers to support equitable dissemination of research including Research4life, providing incentives and support for institutions from lower income countries.

Providing education and careers in public health

One of the areas our staff are most proud of is our shared vision to transform the education landscape to better support the wider public health workforce. Through our work we strive to provide unique and accessible training and education opportunities which really make a difference to protecting and improving health and wellbeing.

This could be from a new qualification on an emerging topic such as Violence Prevention and Reduction, a new eLearning product on menopause, or accrediting NHS England's Fellowship in Population Health which develops a workforce of front-line professionals who will incorporate Population Health into their everyday roles.

In 2023 we directly supported 10,363 learners through eLearning and training and a further 30,000 individuals completed an RSPH qualification in one of our 420 approved delivery centres across the UK. The number of learners trained through trainer-led courses increased by 50% (from 1,377 in 2022 to 2,066 in 2023), whilst people trained via our popular eLearning modules remained high at over 8,000 learners from across the public health workforce. The most popular course was Level 2 Food Safety and Hygiene. In all, 53,080 CPD hours were achieved through RSPH Learn.

We launched three new eLearning courses – Navigating Menopause (in collaboration with BlueSci Support), Healthy Minds Greater Manchester (in collaboration with Greater Manchester Care Partnership) and Violence Prevention and Reduction (in collaboration with NHS England).

In a continually challenging climate for awarding organisations, we have consolidated our position as the largest specialist provider of public health qualifications in the UK. We have developed five new qualifications to support both the core public health workforce and the wider public health workforce to protect and improve public health in their day-to-day work.

This has seen us work with key partners ranging from the Food Standards Agency to NHS England, designing Level 4 qualifications in Dairy Hygiene Inspection and Level 3 and 4 Awards in Violence Prevention and Reduction.

We're really pleased to be continuing our long-standing partnership with RSPH. The FSA has a vital role to play in protecting the public's health and it's absolutely crucial that this work is underpinned by all of us having access to high quality regulated qualifications, Our work with RSPH makes that a reality.

Rob Thackeray, Training Centre Assurance Lead for the Food Standards Agency





It's been great to see these qualifications take shape and then be delivered across the country. We've had lots of positive feedback from those completing the training and there are lots of exciting ideas as to how individuals plan to apply their learning. These qualifications will make a real difference in preventing and reducing violence in healthcare settings and keeping staff and members of the public safe.

Kath Marginson,
Senior Project Manager at NHS England



With customer satisfaction at the heart of everything we do we introduced new steps to make sure that our network of approved delivery centres for RSPH qualifications are better supported to deliver our qualifications. This has included setting up a key account management structure for our high-income centres, helping us to be more proactive in understanding and responding to the challenges they face and in identifying new opportunities to work together.

Ensuring support and recognition for the wider public health workforce

In 2023 we launched our new online Careers Hub specifically for those starting their careers or wanting to change their roles and began exciting work on scoping a new public health workforce pathway – open to all.

Supporting the wider public health workforce – which we define as all staff engaged in or who want to engage in public health activities, who identify public health as being an important part of their role but are not employed within the core public health workforce – remained a major focus for us during 2023.

We carried out extensive engagement with the wider public health workforce. This included roundtable discussions, gathering insight from RSPH members, talking to our network of training centres and a survey to gather views and experiences and to identify where further support is needed. This shaped a major policy report published in Spring 2024 and is an approach we will continue to take as we develop our activities to further support the wider workforce. We have been greatly encouraged by the interest and engagement in our work in this area, and the support received for our calls for a UK wider public health workforce strategy.

We also held the second annual Public Health Workforce week in October 2023. This increased our engagement with the wider public health workforce, improving our understanding of the challenges they face and how their work impacting upon public health can be recognised and supported. Many organisations joined in promoting the workforce during this week, including the Local Government Association, British Institute of Cleaning Science and the School and Public Health Nurses Association. We published stories and blogs from the wider workforce about their journeys into public health and the impact they are having. We also hosted a roundtable with representatives from across the wider workforce to co-develop priorities for the wider workforce.

Through this work, our public health pathways and packages – to be launched in 2024 – will provide essential educational and career support for everyone working in public health. Our vision is that anyone working within the wider public health workforce will be recognised as a person with expertise and skills in public health, they will understand the routes available to develop their skills, competency, and career and they will recognise, understand and be proud of the impact that they can have on public health and wellbeing. We want the public health system to appreciate the wider workforce and we also want the workforce to genuinely feel like they are part of public health so both they and the public health system understand the impact they are having. We want people to develop and grow into public health roles whilst also using these pathways to lift people out of poverty and address longstanding inequalities.

Improving mental health and awareness

One of our key success stories of 2023 was the impact we have made by improving mental health and awareness of hundreds of clients and their contacts who have benefited from the RSPH Making Every Contact Count MECC programme in the North of England.

This multi-year programme, commissioned by the NHS England Workforce, Training and Education Directorate, involved us developing a training package to enable staff in primary and community care systems to develop knowledge, skills, and confidence to integrate mental health and wellbeing messages and interventions into routine practice. In 2023 we delivered the final phase of the roll out with 23 Lead Trainers and 124 Trainers from 60 organisations who in turn cascaded training to 1,384 staff. Based on evaluation results, this suggests that the programme is likely to be influencing over 8,000 interactions every week.

Continuing our growth in this area we developed a new Making Every Contact Count (MECC) for Physical Activity programme in partnership with Active Cheshire and Merseyside Sports Partnership. This programme aims to increase physical activity levels of service users and patients helping to prevent or reduce health inequalities resulting from physical inactivity such as heart disease, stroke, and other long-term health conditions in line with the NHS CORE20PLUS5 framework. The programme was piloted with staff from Cheshire and Merseyside healthcare organisations and the formative evaluation of this work has indicated that the training was effective in providing knowledge and skills to apply the MECC approach to promote the Chief Medical Officer's national guidelines on physical activity.

Furthermore, an economic evaluation from the University of East Anglia has also indicated that MECC for mental health significantly reduces NHS costs, due to increased take up of early action and higher levels of self-help. This programme is being rescoped and offered more widely across the UK.

Health and wellbeing at work

RSPH has a long tradition of working to improve health and wellbeing at work. Staff are the key asset for any organisation and ensuring they have good health and wellbeing is essential to ensuring a successful workplace.

RSPH offers a wide range of health and wellbeing resources, and a pathway of learning to equip teams with tools and techniques to support themselves and others to lead healthy lives. This includes Introduction to Public Health, Level 1 Health Improvement, Level 2 Understanding Health Improvement, Level 3 Mental Health First Aid and Level 3 Certificate in Health & Wellbeing.

During 2023, with growing numbers of people out of the labour market due to ill-health, we stepped up our policy and research focus on the relationship between work and health.

RSPH was part of a successful bid with the Learning and Work Institute and Institute for Employment Studies to undertake research in support of the Health Foundation's new

Commission for Healthier Working Lives. This work continues into 2024. We co-wrote a [blog](#) setting out the need for this work and our approach.

We also engaged as an Associate Partner of Business for Health, who share our vision of public health being everyone's responsibility and businesses having a key role in supporting the health of employees. This work has included contributing to a National Institute for Health and Care Research project.

We are recognised as an awarding body by the Faculty of Occupational Medicine to run the Diploma in Occupational Medicine, a two-week online course delivered to doctors seeking higher training in occupational medicine. Always fully booked, this course equips doctors to take the Diploma but perhaps more importantly provides them with the knowledge and expertise to improve staff health and wellbeing for the significantly large numbers of staff that they are responsible for (delegates included senior staff from the MOD, Shell International, the DVLA, NHS and the Royal Navy). RSPH is proud that 100 per cent of attendees said they would recommend the course to a colleague.

We have also had a continued focus on workplace health and wellbeing within RSPH itself. In 2023 we introduced significant improvements for RSPH staff. This included more flexible working patterns including a 9-day fortnight, options to work remotely, improved maternity, paternity, and sickness benefits and regular staff away days.

Results from our recent staff survey were incredibly positive and demonstrated that the organisation is working effectively in supporting its staff. Staff said that the new working arrangements had greatly improved their mental wellbeing and work life balance. They feel supported by their managers and colleagues and would recommend RSPH as a great place to work to their friends.

Building local partnerships to address the wider determinants of health

As part of our commitment to addressing the impact of health inequalities through the wider determinants of health, we collaborated with two local councils to support their work on financial insecurity and place-based workplace health.

In Hull, we supported the development of a Financial Insecurity Network with representation from organisations across sectors, including the NHS, social care, charities, and a credit union. This included conducting [*a review examining types and causes of financial insecurity and its impact on people's health and wellbeing, with a focus on the city's residents*](#). The review indicated that the cost-of-living crisis has particularly affected those who have or live with someone who has health conditions or impairments. It also found that the rising cost of living has made it difficult for people in Hull to afford essential items necessary for maintaining health and wellbeing.



I have never had to worry about putting heating on before. It was always doable, and now we are actually choosing between heating and eating. Over the winter we have hardly had the heating on and that has been really difficult on me, my partner and my child because of our pain levels, we have been huddled under blankets. With the cost of living help we have hoodies and big blankets to sit under but it does not stop it.

Hull resident who participated in the review



This work influenced the development of the priorities within Hull's Financial Insecurity Network integrated plan.

In Slough, we facilitated the development of the borough's workplace health strategy. Working with various local stakeholders, including the NHS, charities, and the private sector, we helped identify priorities and potential solutions. For example, one key priority identified was building connections for local businesses in Slough to promote services and other resources and creating local awards to recognise employer best practices.

The strategy's results are now informing procurement and the development of resources and services aimed at benefiting workplaces in Slough.

Both myself and the lead on workplace health at Slough Borough Council really enjoyed and appreciated working alongside RSPH during the development of this strategy. They were very clear in their communication and simplified the process. They were very timely as well both in meetings and in the work they developed.

Dr Vanita Dutta FRSPH Public Health Principal, Slough Borough Council



Uncovering new evidence in vaccines

Vaccines have radically changed the way that deadly infectious diseases affect society, but public doubts about vaccines and stark inequalities are impacting uptake.

In March 2023 we published a research report into the experiences, perceptions and attitudes of vaccines among children aged 11–16. This was the first research of its kind in the UK and drew on a representative national survey we commissioned from Dubit, a specialist children's research agency. What was encouraging from the research was that the majority of children and young people recognised the importance of vaccines. However, and sadly not surprisingly, experiences and perceptions varied by ethnicity and where they live, which has implications for increasing uptake of vaccines amongst particular communities.

To ensure this new evidence shapes policy and practice, with a focus on engaging with underserved communities, we presented our findings to UK Health Security Agency, the British Society of Immunology and presented at the World Congress on Public Health in Rome. In addition, we held an online webinar to generate discussion "Children and Young People's attitudes and experiences of vaccinations – turning evidence into practice". We were invited to contribute our insight to the All-Party Parliamentary Group on Vaccinations for All and the HPV Coalition.

Building on this work and with support from MSD, we have begun a research project aimed at gathering insight and evidence into the experiences, attitudes and perceptions from the networks around children and young people in Tower Hamlets, with a focus on underserved communities.

Poverty and the cost-of-living crisis

We care about poverty, inequality in all its forms, and fair economic prosperity. In May 2023 we co-hosted an event 'Poverty and the cost-of-living crisis – a public health emergency', alongside Association of Directors of Public Health, Faculty for Public Health and the Royal Society of Medicine. This event, with speakers including Professor Sir Michael Marmot, aimed to highlight the current cost-of-living crisis in the UK, raise awareness about evidence-based interventions and practices that can be implemented to tackle poverty and its effects. We produced a joint statement on poverty and public health which was published in the BMJ and the event was reported in The Guardian.

Sharing our expertise through alliances and with policymakers and politicians

We are committed to providing a clear, credible and compelling voice to influence policy change, focused in the areas in which we have particular experience. Our approach during 2023 continued to be collaborative and evidence-based, convening stakeholders from across the wider public health workforce, undertaking and commissioning research aimed at gaining insight to shape policy and practice and bringing our expertise to a range of cross-sector alliances and coalitions.

In addition to our policy work on the wider public health workforce and workplace health set out above, RSPH has continued to collaborate as part of alliances and coalitions in support of our policy engagement. This has included working through our membership of Health Equals, Alcohol Health Alliance, Obesity Health Alliance and the Smoke Free Action Coalition.

In March we supported the launch of Health Equals' 'Lives cut short' campaign, which calls attention to regional inequalities in life expectancy, and we also supported activity during the party conferences. We also supported the Alcohol Health Alliance and the Obesity Health Alliance during their manifesto launches.

We were especially pleased that the Government set out its proposals to create a smoke-free generation, following pressure for tougher action including from the Smokefree Action Coalition which we are members of.

During 2023 we continued to convene the Gambling Health Alliance (GHA), with the objective of reducing gambling related harms in the UK. We also sought to work with the alliance to develop a sustainable funding model post-general election and to feed into a post-gambling levy landscape. RSPH will no longer lead the alliance in 2024 due to limited available resources and capacity.

During 2023 we responded to a number of government consultations and parliamentary inquiries, including the Department for Work and Pensions consultation to inform the creation of a new 'health at work' standard for employers and the House of Commons Health and Social Care Committee's inquiry into prevention. We also responded to the work led by Lord Filkin for the King's Fund's Manifesto for Health. We were acknowledged in the report and continue to work with Lord Filkin and the Kings Fund on this work.

Throughout the year co-signed a number of letters with relevant partners across public health poverty including a Child Food Insecurity Letter to the Prime Minister, a Consensus statement on Child Oral Health, a Health sector letter to Secretary of State for Science, Innovation and Technology and a letter from Global Action Plan to all political parties.



PRIORITIES FOR THE NEXT YEAR

In the next year we want to take our strategy to the next level. We want to demonstrate the evidence-based impact of our work and our focus to improve the health and wellbeing of the public.

Our staff are passionate about reducing inequalities. We know we can't do this alone, and we will continue to work in partnership across public health to reach this ambition. Whilst we know we need to maintain a financially healthy organisation we also want the flexibility to work in harder to reach communities and to deliver training and education equitably for all.

Key priorities for the next year include developing our public health pathways and packages to create entry into and support careers in public health. We aim to work more closely with employers to improve the health of the workforce by convening key stakeholders and partners to work together to tackle the key issues.

Delivering high levels of customer service will continue to be a main focus as we grow the number of people accessing our core services so that we can have a greater impact, particularly in the areas of education and training.

We know this is also a key time for policy influencing, and so informing and influencing governments across the UK and demonstrating the importance of embedding public health into policymaking will be a key priority. Our influencing work will be focused around our strategic priorities of unlocking a healthier future through the wider public health workforce, creating healthy places to work, a greater focus in policymaking on tackling inequalities, and on prevention. This is crucial given that inequalities in health and the drivers of ill health continue and indeed are worsening.

Motivated staff and good systems and procedures are essential for the team to deliver our plans. We will continue to respect and value our staff and the huge contribution they make to RSPH. We will also invest in new systems and procedures to ensure we have the tools we need to deliver our objectives.

It's a truly exciting time for the Royal Society for Public Health and through our good governance, strong council and strong reputation we believe we can really make a difference to the public's health.

STRUCTURE, GOVERNANCE AND MANAGEMENT

RSPH is a registered charity in England & Wales (Reg.No 1125949) and in Scotland (Reg. No.SC040750) and governed by a royal charter and by-laws dated 30 September 2008 and as amended on 10 February 2016.

The direction and management of RSPH and its affairs and business are vested in the RSPH Council. The Council members, as charity trustees are responsible for the RSPH and its property and funds. The Council of RSPH consists of not less than 10 and not more than 15 members including the Chair, Vice Chair, and Treasurer. Trustees are appointed by the Council to ensure an optimum match of expertise and experience to suit the strategic needs of the charity that exists at any given time. All members of the Council act as trustees of RSPH and have a vote.

New trustees are appointed through a recruitment campaign and occasionally on the basis of recommendation depending on the experiences and skills needed. RSPH members are always notified of Council vacancies and encouraged to apply. New trustees send an application and cover letter, and candidates are interviewed by two or three members of the Nominations and Governance Committee.

New trustees are given a formal induction process with senior staff and provided with all the appropriate governance materials including key guidance for trustees from the Charity Commission.

The normal term of office for trustees is three years, renewable for a further immediate term of three years. In order to provide both continuity and engagement of new trustees, one third of the Council is required to stand down each year. New Council members are offered induction meetings with the Chair, Chief Executive, and senior staff of RSPH, and every trustee is offered training opportunities as appropriate.

RSPH reviews its long-term strategy regularly with trustees and the executive management team. It operates five standing sub-committees, 'Audit and Risk', 'Nominations and Governance', 'Qualifications Governance', 'Policy & Impact' and 'Public Health Workforce' to provide support to the Council on issues defined by terms of reference. It also creates task and finish groups to explore specific and timely issues when necessary. The trustees meet four times per year as a full trustee group as well as at the Annual General Meeting.

RSPH is managed on a day-to-day basis by an executive management team led by the Chief Executive. To facilitate effective operations, the Chief Executive has delegated authority, within terms of delegation approved by the trustees, for all operational matters including finance and employment. The trustees are listed on page 3 of this report.

KEY MANAGEMENT PERSONNEL

The Council of Trustees and members of the executive management team comprise the key management personnel of the charity in charge of directing and controlling, running, and operating RSPH on a day-to-day basis. All trustees give their time freely and no trustee received remuneration in the year for their responsibilities as part of the Council. The executive management team members are the Chief Executive, Director of Membership and Educational Services, Director of Finance and Corporate Resources, Director of National and Regional Programmes, Director of Qualifications, and Director of Policy and Communications.

The pay of the executive management team is reviewed annually and normally increases in accordance with inflation. The charity benchmarks salaries based on the market rates.

RISK MANAGEMENT

The Council has assessed the major risks to which the RSPH is exposed, in particular those related to the operations and finances of the charity and is satisfied that systems are in place to mitigate the exposure to major risks. The trustees have set up an Audit and Risk Committee comprising a minimum of three trustees to oversee the risk issues. This Committee reports to Council on relevant matters and sets its own agenda for action and is free to consider any matters relating to the health of RSPH, which could have serious deleterious effects or bring RSPH or its work into disrepute. Where appropriate, risks are covered by insurance. A risk register has been set up and is reviewed quarterly by the Council at its meetings.

The following framework is central to ensuring adequate risk assurance:

- regular identification and monitoring of major risks and development of action plans
- a clear structure of delegated authority and control
- regular review of internal control systems regular summary reports on risk management to the Council
- regular reports on risk management to the Audit and Risk Committee.

Key risks

- As an Awarding Organisation, RSPH is regulated by Ofqual. It is important for RSPH to satisfy the regulatory requirements to maintain the accredited status of its qualifications. The Compliance Manager and other senior staff keep up to date with Ofqual guidance on the Regulatory Conditions. This is overseen on a quarterly basis by the Qualifications Governance Committee.
- As with other Awarding organisations, RSPH is also exposed to fraud by criminal gangs who produce fraudulent certificates that are presented to obtain certain skilled jobs. We are working with Ofqual on this, and the executive management team has introduced rigorous controls and measures in place to ensure the authenticity of our certificates.
- As any organisation, the RSPH is also exposed to cyber security threats. To mitigate this risk, RSPH endpoint devices such as laptops and mobiles are fully managed and have antivirus software which is updated regularly. In addition to this, all emails are routed through an anti-spam email gateway. RSPH files are stored in the Microsoft Cloud (SharePoint/OneDrive) and are accessible only from RSPH compliant devices. Multifactor Authentication (MFA) is enabled for all users on all systems where it is available. The RSPH has a Microsoft Secure Score of 71% compared to an average of 50% for other organisations of a similar size (source: Microsoft, April 2024). In addition to the standard Microsoft backup functionality, the RSPH has a third-party SaaS backup solution in place which backups up Microsoft 365 data automatically once a day with unlimited retention (minimum 12 months). In the event of data loss or a ransomware attack, data can be re-stored in a time efficient way.
- RSPH is exposed to market fluctuations of the values of its freehold property and investment portfolio. We reported in 2022 the Market values were dropped substantially. Since then, markets seemed to have steadied and the executive management team is monitoring the position regularly.
- Over the last few years, the charity has achieved media coverage for its key public health messages. This has exposed RSPH to reputational risk. RSPH has established good media relationships and engages in robust research on topics by our dedicated and trained staff.

RESERVES POLICY

Trustees reviewed the Reserves Policy in September 2023. Our previous policy was to keep six months expenditure as the target level. RSPH current general reserves are approximately £9.5m, however a substantial portion of this is in the freehold property and other assets. The readily available reserves are £6.1m, which includes £5.4m held in investments and £0.7m held in cash. Trustees strongly believe that the policy should demonstrate the charity's resilience and capacity to manage unforeseen financial difficulties. Trustees have approved a strategic plan for 5 years for the RSPH in 2022 and to achieve this plan in the current volatile economic climate, Trustees believe it is prudent to maintain a strong reserve position. They decided to keep the unrestricted reserve to the amount at £6.1million which is higher than the previous target level.

RSPH has also set up a new designated Innovation fund during the year from the dividends income from the previous year for the development of priority areas in accordance with the guidelines set by the Trustees. As at 31 December the balance of the designated fund is £132,979.

FUNDRAISING

Following the implementation of the Charities (Protection and Social Investment) Act 2016, the charity has reviewed its fundraising activities and confirms that it complies with the regulation. The charity did not make use of any external fundraisers. The charity did not engage in fundraising from the general public and therefore vulnerable groups are not targeted by the charity. No complaints were received in respect of its fundraising activities.

OBJECTS

The trustees confirm that they have complied with the duty in section 17 of the Charities Act 2011 to have due regard to public benefit guidance published by the Charities Commission in determining the activities undertaken by RSPH.

The objects of RSPH as set out in the royal charter are “for the promotion and protection of public health in such ways as are charitable in law”. Through advocacy, mediation, empowerment, knowledge, and practice we advise on policy development, provide education and training services, encourage scientific research, disseminate information and good practice.

FINANCIAL REVIEW

Funding for RSPH's work is generated by its core activities in education and training and through the support of specific projects from charitable sources. It is also supported by the rental income from its freehold property and income from the investment portfolio. The total income from all sources has increased by nearly 2% to £3,194,718 (2022–£3,144,852).

Total expenditure for the year is £2,984,271 (2022– £2,998,284) which includes an expenditure of £3,330 in relation to the restricted funds.

Total net income before gains/(loss) on investments amounted to £210,447 compared to the net income of £146,568 in 2022.

Providing qualifications is one of the main activities of RSPH and this has generated an income of £876,449 which was 3% higher than the previous year's income of £851,404. The other main activities membership and publishing, have generated an income of £845,010 for the year, compared to the income of £768,492 in the previous year. Income from projects for the year is £261,571 which is 28% lower than the previous year income. In addition to this, RSPH has also provided other activities such as courses and conferences, educational services, and sold resources, which have generated a combined income of £829,847 for the year.

During the year, RSPH has let out three of the five floors of the building on a 10-year lease. This has generated an income of £237,400 including service charges for the year.

RSPH engaged a RICS qualified external valuer to provide a report on the value of its freehold property at 59 Mansell Street, London E1 8AN. According to the report, the fair value of the property as of 31 December 2023 has reduced to £5,545,000 from £5,750,000 in 2022.

Based on the revised valuation and increased letting proportion of the building, the split between Tangible asset and Investment property as follows;

- Tangible asset £2,050,540 (36.98%)
- Investment property of £3,494,460 (63.02%)

Overall, RSPH's net income after all the losses on investment portfolio and the valuation of freehold property, is £224,474 compared to a net expenditure of £1,753,076 in the previous year.

SUSTAINABLE INVESTMENT POLICY AND PERFORMANCE

RSPH believes that environmental, social, and corporate governance (“ESG”) issues, including climate change risks, present financially material risks and should therefore be considered as part of the investment process. We believe that we should work to ensure that the organisations in which we invest are not inconsistent with our organisational values, and that we should, as appropriate, reflect the expectations and focus of our members in this regard.

RSPH believes that engagement is an effective means of helping to manage ESG risks. However, its efficacy can be limited, and other actions should be considered alongside engagement (for example, disinvestment or escalation of engagement, if necessary). RSPH may look to engage with its investment managers and may encourage divestment from investments that are failing adequately to respond to the concerns raised through engagement.

RSPH encourages their investment managers to invest actively in ways that support the social determinants of health. We recognise that opportunities for such investment are yet to be fully developed and we do not wish to constrain our investment managers approach significantly, but we have a clear ambition to move towards becoming a more health-focused investor in the future.

Investments are managed by external managers, Rathbones Investment Management Ltd, who have many years' experience of investment management and are authorised persons within the Financial Services and Markets Act 2000.

RSPH delegates power to Rathbones Investment Management Ltd to use their best endeavours in managing the portfolio within our sustainable investment policy guidelines. Investments are with corporations that have produced audited accounts in the last five preceding years and trade within the ethical restraints imposed by RSPH.

The investment manager is required to report all transactions within 14 days and submit a comprehensive performance report quarterly. The manager is frequently invited to present their report to the Audit and Risk Committee. RSPH reviews the delegated arrangement with the manager annually. RSPH also undertakes an annual review of its investment objectives which meet the requirements of the Financial Services Authority (FSA).

RSPH's priority is for capital growth with medium income. The portfolio is based on medium risk and may include government and other fixed interest investments and equities. Indirect exposure through UK companies trading internationally is permitted.

During the year, RSPH acquired stocks with a value of £566,712 and disposed of stocks with a market value of £578,792. The market value of the RSPH investment portfolio at the end of the year stood at £5,379,183 (2022– £5,172,237).

THOMAS LATIMER CLEAVE MEMORIAL TRUST

RSPH administers the above charitable fund which is registered with the Charity Commission under the number 296180. RSPH is the only trustee of the fund.

EQUALITY, DIVERSITY AND INCLUSION

RSPH values and actively strives to have a diverse and inclusive workforce in a working environment free from discrimination. An inclusive work culture where people of different backgrounds are valued equally will ensure better outcomes for us all. We continually engage with our staff as well as external partners to help us to understand how we can make our workplace more inclusive and gain an insight into what our staff need most from us.

We complete an annual, anonymous staff survey, to evaluate the impact of ongoing organisational changes and to monitor the diversity of our workforce.

The results overall are incredibly positive and demonstrate clearly that the organisation is working effectively in supporting Equality, Diversity and Inclusion. We are also satisfied that our pay structures ensure equal pay across our workforce.

STATEMENT OF TRUSTEES' RESPONSIBILITIES

The trustees are responsible for preparing the Annual Report and the financial statements in accordance with applicable law and regulations. Charity law in England and Wales and the Royal Charter require the trustees to prepare financial statements for each financial year. Under the law the trustees have elected to prepare the financial statements in accordance with United Kingdom Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law). The financial statements are required by law to give a true and fair view of the state of affairs of the charity and of the surplus or deficit for that period. In preparing those financial statements the trustees are required to:

- select suitable accounting policies and then apply them consistently
- observe the methods and principles of the Charities SORP
- make judgments and estimates that are reasonable and prudent
- follow applicable accounting standards
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the company will continue in operation

The trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the company and enable them to ensure that the financial statements comply with the Charities Act 2011. They are also responsible for safeguarding the assets of the company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees are responsible for the maintenance and integrity of the corporate and financial information included on the company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Jonathan Pearson-Stuttard

[Jonathan Pearson-Stuttard \(Jun 17, 2024 23:27 GMT+2\)](#)

Dr Jonathan Pearson-Stuttard FRSPH FFPH

Chair of Council

INDEPENDENT AUDITOR'S REPORT

TO THE TRUSTEES OF THE ROYAL SOCIETY FOR PUBLIC HEALTH

OPINION

We have audited the financial statements of the Royal Society for Public Health for the year ended 31 December 2023 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 'The Financial Reporting Standard Applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 December 2023, and of its incoming resources and application of resources, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

BASIS FOR OPINION

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs(UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

CONCLUSIONS RELATING TO GOING CONCERN

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt

on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

OTHER INFORMATION

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

We have nothing to report in respect of the following matters where the Charities Act 2011 requires us to report to you if, in our opinion:

- the information given in the Trustees' Annual Report is inconsistent in any material respect with the financial statements; or
- the charity has not kept adequate accounting records; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we required for our audit.

RESPONSIBILITIES OF TRUSTEES

As explained more fully in the trustees' responsibilities statement set out on page 27, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs (UK) we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the charity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the charity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

EXPLANATION AS TO WHAT EXTENT THE AUDIT WAS CONSIDERED CAPABLE OF DETECTING IRREGULARITIES, INCLUDING FRAUD

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

The objectives of our audit in respect of fraud, are; to identify and assess the risks of material misstatement of the financial statements due to fraud; to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud, through designing and implementing appropriate responses to those assessed risks; and to respond appropriately to instances of fraud or suspected fraud identified during the audit. However, the primary responsibility for the prevention and detection of fraud rests with both management and those charged with governance of the charity.

Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the charity and considered that the most significant are the Charities Act 2011, the Charity SORP, and UK financial reporting standards as issued by the Financial Reporting Council.
- We obtained an understanding of how the charity complies with these requirements by discussions with management and those charged with governance.
- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.
- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.
- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.

There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in the financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

USE OF OUR REPORT

This report is made solely to the charity's trustees, as a body, in accordance with Chapter 3 of Part 8 of the Charities Act 2011 . Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose . To the fullest extent permitted by law, we do not accept or assume responsibility to any party other than the charity and charity's trustees as a body, for our audit work, for this report, or for the opinion we have formed .

A handwritten signature in black ink that reads "Moore Kingston Smith LLP". The signature is written in a cursive, flowing style. The letters "LLP" are written in a slightly larger, more distinct font than the rest of the name.

Moore Kingston Smith LLP

Statutory auditor, 6th Floor, 9 Appold Street, London, EC2A 2AP

Date: 18/06/24

Moore Kingston Smith LLP is eligible to act as auditor in terms of Section 1212 of the Companies Act 2006 .

ROYAL SOCIETY FOR PUBLIC HEALTH STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 31 DECEMBER 2023

	Unrestricted Funds £	Restricted Funds £	2023 Total £	2022 Total £
Income from:				
Donations and sponsorship	8,500	–	8,500	20,000
Charitable activities	3(a) 2,812,877	–	2,812,877	2,760,893
<i>Other trading activities:</i>				
Rental, room hire and other income	239,524	–	239,524	225,263
Investments	126,230	7,587	133,817	138,696
Total	3,187,131	7,587	3,194,718	3,144,852
Expenditure on:				
Raising funds				
Trading operations	235,673	–	235,673	109,701
Charitable activities	2,745,268	3,330	2,748,598	2,888,583
Total	3(b) 2,980,941	3,330	2,984,271	2,998,284
Net surplus before gains/(loss) on investments	206,190	4,257	210,447	146,568
(Loss)/Gain on revaluation of freehold property	(75,810)	–	(75,810)	(482,628)
Net gain/ (loss) on investments	89,836	–	89,836	(1,417,016)
Net surplus/(expenditure)	220,216	4,257	224,473	(1,753,076)
Net movement in funds	220,216	4,257	224,473	(1,753,076)
Reconciliation of funds				
Funds brought forward	11,337,458	155,077	11,492,535	13,245,611
Funds carried forward	12 11,557,674	159,334	11,717,008	11,492,535

The statement of financial activities includes all gains and losses recognised in the year.

ROYAL SOCIETY FOR PUBLIC HEALTH

BALANCE SHEET

AS AT 31 DECEMBER 2023

	Note	2023 £	2022 £
Fixed Assets			
Tangible Assets	6	2,086,180	2,174,546
Intangible Assets	7	68,163	62,885
Investments	8	8,873,643	8,795,887
		<u>11,027,986</u>	<u>11,033,318</u>
Current Assets			
Stock		804	1,230
Debtors	9	443,545	473,575
Cash at bank and in hand		745,253	720,416
		<u>1,189,602</u>	<u>1,195,221</u>
Creditors: amounts falling due within one year	10	(500,580)	(736,004)
Net current assets/(liabilities)		<u>689,022</u>	<u>459,217</u>
Total assets less current liabilities		<u>11,717,008</u>	<u>11,492,535</u>
Net assets		<u>11,717,008</u>	<u>11,492,535</u>
Funds	13		
Restricted funds		159,334	155,077
Unrestricted funds			
General		9,489,092	9,288,111
Designated and revaluation reserve		2,068,582	2,049,347
		<u>11,717,008</u>	<u>11,492,535</u>

These financial statements were approved and authorised for issue by the Council on 13 June 2024 and were signed below on its behalf by:

Jonathan Pearson-Stuttard Margaret Waterston
Jonathan Pearson-Stuttard (Jun 17, 2024 23:27 GMT+2) Margaret Waterston (Jun 17, 2024 12:50 GMT+1)

Dr Jonathan Pearson–Stuttard
Chair

Margaret Waterston
Treasurer

ROYAL SOCIETY FOR PUBLIC HEALTH

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 31 DECEMBER 2023

	2023 £	2022 £
Cash flows from operating activities (see note below)	(75,139)	(107,681)
<i>Cash flows from investing activities</i>		
Dividends received	133,817	138,696
Proceeds from sale of other Investments	578,792	1,251,424
Purchase of investments	(566,712)	(1,152,158)
Addition to investment property		(286,807)
Purchase of fixed assets	(45,921)	(235,622)
Net cash provided/(used) by investing activities	99,976	(284,467)
Cash and cash equivalents at the beginning of the year	720,416	1,112,564
Cash and cash equivalents at the end of the year	745,253	720,416

Notes to the Cash Flow Statement	2023 £	2022 £
Reconciliation of Net Movement in Funds to Net cashflow from operating activities		
Net income/(expenditure) for the year	224,473	(1,753,076)
Depreciation	19,591	11,779
Amortisation	33,608	27,053
Decrease in revaluation reserve	75,810	482,628
Dividends and interest	(133,817)	(138,696)
Net loss/(gain) on investments	(89,836)	1,417,016
(Increase)/decrease in Debtors	30,030	(236,546)
Decrease in stock	426	1,616
(Decrease)/increase in Creditors	(235,424)	80,545
	(75,139)	(107,681)

Analysis of Cash and Cash Equivalents	2023 £	2022 £
Cash at Bank and in hand	745,253	720,416
	745,253	720,416

ROYAL SOCIETY FOR PUBLIC HEALTH REPORT AND FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2023 NOTES TO THE ACCOUNTS

1. Accounting policies

Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019) – (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102). The Charity meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note(s).

Functional currency and level of rounding

The financial statements are prepared in sterling, which is the functional currency of the charity. Monetary amounts in these financial statements are rounded to the nearest pound.

Going concern

At the end of the year charity's cash balance was £745,253 and the value of its listed investment portfolio was £5,379,183 at the balance sheet date. This can be drawn down to support operating activities if necessary. Given the charity's level of free reserves available at the year end, the Trustees consider that the charitable company has adequate resources to continue in operational existence for the foreseeable future.

Accordingly the financial statements have been prepared on a going concern basis.

Fund accounting

General funds are unrestricted funds which are available for use at the discretion of the trustees in furtherance of the general objectives of the charity and which have not been designated for other purposes. Designated funds comprise unrestricted funds that have been set aside by the trustees for particular purposes. Restricted funds are funds subject to specific restrictive conditions imposed by donors or by the purpose of the appeal.

Income

All income is included in the SOFA when the charity is legally entitled to the income, it is probable that income will be received and the amount of income receivable can be measured reliably. Income is accounted for on an accruals basis. Part of the income from investments is allocated to the restricted funds and this is calculated at the rate of 1% above the Bank of England's base rate on the average balance of the funds during the year.

Grants relating to revenue are recognised in income on a systematic basis over the periods in which the entity recognises the associated costs for which the grant is intended to compensate.

Expenditure

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregated all costs related to the category.

Support costs, which include the central office functions such as general management, budgeting and accounting, information technology, marketing and financing are allocated across the categories of charitable expenditure, governance costs and the costs of generating funds. The basis of costs allocation has been explained in the note 3(c).

Governance costs comprise all costs identified as wholly or mainly attributable to ensuring the public accountability of the charity and its compliance with regulation. These costs include external audit and trustee costs. Governance costs are now apportioned on the same basis as support costs.

ROYAL SOCIETY FOR PUBLIC HEALTH REPORT AND FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2023 NOTES TO THE ACCOUNTS – CONT'D...

Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

Charitable activities

Costs of charitable activities comprise all costs identified as wholly or mainly attributable to achieving charitable objects of the charity. These costs include staff costs, wholly or mainly attributable support costs and apportionment of general overheads.

Operating leases

All the operating lease rentals are charged to the income and expenditure account on a straight line basis over the terms of the lease.

Pensions

The RSPH operates a group personal pension scheme with AEGON Scottish Equitable for its employees and this scheme complies with the employer pension duties applicable under Part 1 of the Pensions Act 2008. This is a contributory scheme and the RSPH contributes 10% to Senior Managers and up to 7.5% to all the other employees. The assets of the scheme are held separately from those of the charity in independently administered funds. The pension cost charge represents contributions payable under this arrangement by the RSPH to the funds. The RSPH has no liability other than for the payment of those contributions.

Tangible fixed assets

Tangible fixed assets, except freehold property, are stated at cost less accumulated depreciation. Depreciation is provided so as to write off the cost of tangible fixed assets over their estimated useful lives of:

- Computer hardware – 3 years
- Office equipment – 4 years
- Office furniture – 4 years

The freehold property at 59 Mansell Street, London E1 was acquired by Charity on 27 January 2011 for £3.35million. The Charity decided to adopt the policy of revaluation and the premises was valued at £5.545million at 31 December 2023. This property is also split between tangible fixed assets (£2,050,540) and investment properties (£3,494,460) as per the mixed use of the building. The trustees believe that the current valuation reflects the realisable value of the premises under current market conditions.

Intangible fixed assets

Intangible fixed assets are stated at cost less accumulated depreciation. Amortisation is provided so as to write off the cost of intangible fixed assets over their estimated useful lives of:

- Software – 5 years

RSPH's policy is to capitalise any of the above items with the value over £500.

Investments

Investments are valued and carried at market value. Realised and unrealised gains or losses on revaluation are disclosed in the Statement of Financial Activities.

Fixed asset investment properties are revalued annually at open market value.

Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

ROYAL SOCIETY FOR PUBLIC HEALTH REPORT AND FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2023 NOTES TO THE ACCOUNTS – CONT'D...

Cash and Cash Equivalents

Cash and Cash Equivalents includes cash and overdraft balances.

Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

Employee benefits

- Short term benefits

Short term benefits including holiday pay are recognised as an expense in the period in which the service is received.

- Employee termination benefits

Termination benefits are accounted for on an accruals basis and in line with FRS 102

Key estimates and judgements

In the Application of the Charity's accounting policies, which are described in note 1, the Trustees are required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods. The following judgement is considered by the trustees to have most significant effect on amounts recognised in the financial statements:

- Investment property and freehold property ratio is estimated based on the occupancy square foot basis
- Deferred income from projects are calculated based on outstanding staff time and other direct costs.

2. Taxation

As a registered charity, the Society is potentially exempt from taxation on its income and gains falling within s505 Income & Corporation Taxes Act 1988 and s256 Taxation of Chargeable Gains Act 1992 to the extent that these are applied to its charitable purposes. No tax charge has arisen in the year.

ROYAL SOCIETY FOR PUBLIC HEALTH REPORT AND FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2023 NOTES TO THE ACCOUNTS – CONT'D...

3(a) Income – Charitable activities – 2023

	Un-restricted General funds £	Restricted funds £	2023 Total £
Qualifications	876,449	–	876,449
Membership and publishing	845,010	–	845,010
Courses & conferences	282,672	–	282,672
Educational services	543,804	–	543,804
Projects	261,571	–	261,571
Bookshop	3,371	–	3,371
	2,812,877	–	2,812,877

Income – Charitable activities – 2022

	Un-restricted General funds £	Restricted funds £	2022 Total £
Qualifications	851,403	–	851,403
Membership and publishing	768,492	–	768,492
Courses & conferences	279,070	–	279,070
Educational services	494,520	–	494,520
Projects	361,604	–	361,604
Bookshop	5,804	–	5,804
	2,760,893	–	2,760,893

3(b) Total Expenditure – 2023

	Direct costs £	Indirect costs £	2023 Total £
<i>Costs of generating funds</i>			
Rental and room hire costs	164,794	52,327	217,121
Investment managers fees	18,552	–	18,552
	183,346	52,327	235,673
<i>Charitable activities</i>			
Qualifications	599,309	215,822	815,131
Membership and publishing	422,732	174,816	597,548
Courses & conferences	165,340	63,838	229,178
Educational services	345,173	109,045	454,218
Projects	324,137	88,033	412,170
Bookshop	8,919	1,590	10,509
Policy and communications	229,844	–	229,844
	2,095,454	653,144	2,748,598
	2,278,800	705,471	2,984,271

ROYAL SOCIETY FOR PUBLIC HEALTH REPORT AND FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2023 NOTES TO THE ACCOUNTS – CONT'D...

3(b) Total Expenditure – 2022 – cont'd...

	Direct costs £	Indirect costs £	2022 Total £
<i>Costs of generating funds</i>			
Rental and room hire costs	24,746	45,648	70,394
Investment managers fees	39,307	–	39,307
	64,053	45,648	109,701
<i>Charitable activities</i>			
Qualifications	520,946	268,228	789,174
Membership and publishing	371,981	239,834	611,815
Courses & conferences	255,504	80,992	336,496
Educational services	267,782	115,260	383,042
Projects	338,612	201,416	540,028
Bookshop	7,204	3,072	10,276
Policy and communications	217,752	–	217,752
	1,979,781	908,802	2,888,583
	2,043,834	954,450	2,998,284

3(c) Support costs – 2023

	Overheads £	2023 Total £
<i>Costs of generating funds</i>		
Rental and room hire income	55,044	55,044
	55,044	55,044
<i>Charitable activities</i>		
Qualifications	202,052	202,052
Membership and publishing	194,805	194,805
Courses & conferences	67,126	67,126
Educational services	125,366	125,366
Projects	60,301	60,301
Bookshop	777	777
	650,427	650,427
	705,471	705,471

ROYAL SOCIETY FOR PUBLIC HEALTH REPORT AND FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2023 NOTES TO THE ACCOUNTS – CONT'D...

3(c) Support costs – 2022 – cont'd...

	Overheads	2022 Total restated
	£	£
<i>Costs of generating funds</i>		
Rental and room hire income	45,648	45,648
	45,648	45,648
<i>Charitable activities</i>		
Qualifications	268,228	268,228
Membership and publishing	239,834	239,834
Courses & conferences	80,992	80,992
Educational services	115,261	115,261
Projects	201,415	201,415
Bookshop	3,072	3,072
	908,802	908,802
	954,450	954,450
Other Overheads	2023	2022
	£	£
– Overhead staff costs	403,418	368,486
– Premises costs	–	149,892
– Marketing and communications	40,672	86,774
– Administrative expenses	234,380	316,016
– Governance	27,001	33,282
	705,471	954,450

Support costs have been allocated on the following basis;

- Premises costs allocated based on the floor space basis occupied by each department.
- Overheads allocated based on turn over basis

3(d) Governance costs

	2023	2022
	£	£
Audit fees	23,850	19,400
Council meeting expenses	3,151	1,386
	27,001	20,786

ROYAL SOCIETY FOR PUBLIC HEALTH REPORT AND FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2023 NOTES TO THE ACCOUNTS – CONT'D...

3(e) Staff costs

	2023 £	2022 £
Salaries	1,410,716	1,291,637
Social security costs	150,078	144,110
Pension and other benefits	173,482	157,564
Redundancy costs	8,000	–
	<u>1,742,276</u>	<u>1,593,311</u>

The average number of employees during the year was:

	2023 Number	2022 Number
Royal Society for Public Health	37	35
	<u>37</u>	<u>35</u>

The number of employees whose salary and benefit in kind fell within the following scales is as follows:

	2023 Number	2022 Number Restated
£110,001 – £120,000	1	–
£80,001 – £90,000	–	1
£70,001 – £80,000	1	2
£60,001 – £70,000	–	2

Key management personnel

Key Management Personnel are the Trustees and members of the Executive Management Team. Trustees are not paid any remuneration for their role as members of the Council (Board). The Executive management team members are the Chief Executive, Director of Membership & Education, Director of Policy & Communications, Director of Finance & Corporate Resources, Director of Qualifications and Director of National & Regional Programs. The total employee benefits paid to the Executive Management Team were £556,206 (2022 – £494,976)

3(f) Related parties

Professor Lisa Ackerley, Chairing and speaking at RSPH's courses and conferences, received an Honorarium of nil (2022 – £250) in accordance with Article 4.3 of the Royal Charter.

Travelling expenses totalling £1,381 (2022–£912) were reimbursed to 7 (2022– 4) trustees during the year to 31 December 2023.

Trustees liability insurance premium of £4,200 (2022–£3,600) was paid in the period.

ROYAL SOCIETY FOR PUBLIC HEALTH REPORT AND FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2023 NOTES TO THE ACCOUNTS – CONT'D...

4. Operating costs

	2023 £	2022 £
The deficit is stated after charging:		
– Depreciation charge:	19,591	11,779
– Amortisation charge:	38,886	27,053
– Auditors' remuneration	23,850	19,400

5. Commitments under operating leases

At 31 December 2022 the charity had annual commitments under non-cancellable operating leases as follows:

Operating leases – Equipment	2023 £	2022 £
– Due within one year	728	2,912
– Due within 2 to 5 years	–	728
	728	3,640

6. Tangible fixed assets

	Freehold property £	Computer hardware £	Furniture and office equipment £	Total £
Cost				
At 1 January 2023	2,126,350	108,028	45,306	2,279,684
Additions in the period	–	7,035	–	7,035
Revaluation	(75,810)	–	–	(75,810)
At 31 December 2023	2,050,540	115,063	45,306	2,210,909
Depreciation				
At 1 January 2023	–	78,064	27,074	105,138
Charge for the period	–	15,019	4,572	19,591
At 31 December 2023	–	93,083	31,646	124,729
Net book value				
At 31 December 2023	2,050,540	21,980	13,660	2,086,180
At 31 December 2022	2,126,350	29,963	18,233	2,174,546

At 31 December 2023 there were authorised capital commitments of £Nil (2020: £Nil).

Historic cost and the revaluation of freehold property

Historic cost of the freehold property, 59 Mansell Street, was £3.35million. At 31 December 2023, this property was valued at £5.545million by Thurston Hall-William of Strettons, a registered RICS valuer, which is split between tangible fixed assets (£2,050,540) (as per note 6) and investment properties (£3,494,460) (as below). The Trustees believe that this valuation reflects the realisable value of the premises under current market conditions.

ROYAL SOCIETY FOR PUBLIC HEALTH REPORT AND FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2023 NOTES TO THE ACCOUNTS – CONT'D...

7. Intangible fixed assets

	Software £	Total £
Cost		
At 1 January 2023	164,927	164,927
Additions in the period	38,886	38,886
At 31 December 2023	203,813	203,813
Depreciation		
At 1 January 2023	102,042	102,042
Charge for the period	33,608	33,608
At 31 December 2023	135,650	135,650
Net book value		
At 31 December 2023	68,163	68,163
At 31 December 2022	75,497	75,497

At 31 December 2023 there were authorised capital commitments of £Nil (2020: £Nil).

8. Investments

	2023 £	2022 £
RSPH investment portfolio		
Market Value of Investments on 1 January 2023	8,795,887	8,306,722
Additions	566,712	3,157,605
Disposal proceeds	(578,792)	(1,251,424)
Net Investment gains/(losses)	89,836	(1,417,016)
Balance at 31 December 2023	8,873,643	8,795,887
Historic Cost of Investments	5,087,025	5,195,555

All investments are quoted on a registered UK stock exchange.

Market value as at 31 December:

Investment properties	3,494,460	3,623,650
UK listed investments	5,379,183	5,172,237
	8,873,643	8,795,887

Investment properties

Historic cost of the freehold property, 59 Mansell Street, was £3.35million. At 31 December 2023, this property was valued at £5.545million by Thurston Hall-William of Strettons, a registered RICS valuer, which is split between tangible fixed assets (£2,050,540) (as per note 6) and investment properties (£3,494,460) (as above). The Trustees believe that this valuation reflects the realisable value of the premises under current market conditions.

ROYAL SOCIETY FOR PUBLIC HEALTH REPORT AND FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2023 NOTES TO THE ACCOUNTS – CONT'D...

9. Debtors

	2023 £	2022 £
Trade debtors	233,761	345,142
Other debtors	151,293	74,731
Prepayments	58,491	53,702
	<u>443,545</u>	<u>473,575</u>

10. Creditors: amounts falling due within one year

	2023 £	2022 £
Other taxes and social security costs	36,973	59,705
Trade and other creditors	140,554	213,343
Accruals	88,771	117,724
Deferred Income	234,282	345,232
	<u>500,580</u>	<u>736,004</u>

Included within other creditors is an amount of £13,254 (2022:£14,832) of pension contributions to be paid across to scheme.

Deferred income—movements during the year:

	2023 £	2022 £
Balance at 1 January	345,232	243,763
Amounts released to income in the year	(345,232)	(243,763)
New deferred income in the year	<u>234,282</u>	<u>345,232</u>
Balance at 31 December	<u>234,282</u>	<u>345,232</u>

11. Analysis of net assets – 2023

	General Fund £	Designated Fund £	Revaluation Reserve £	Restricted Fund £	2023 Total £
Tangible fixed assets	2,086,180	–	–	–	2,086,180
Intangible fixed assets	68,163	–	–	–	68,163
Investments	6,938,039	–	1,935,604	–	8,873,643
Current assets	897,289	132,979	–	159,334	1,189,602
Liabilities	(500,580)	–	–	–	(500,580)
	<u>9,489,091</u>	<u>132,979</u>	<u>1,935,604</u>	<u>159,334</u>	<u>11,717,008</u>

ROYAL SOCIETY FOR PUBLIC HEALTH REPORT AND FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2023 NOTES TO THE ACCOUNTS – CONT'D...

11. Analysis of net assets – 2022 – cont'd...

	General Fund £	Designated Fund £	Revaluation Reserve £	Restricted Fund £	2022 Total £
Tangible fixed assets	1,455,324	–	719,222	–	2,174,546
Intangible fixed assets	62,885	–	–	–	62,885
Investments	7,593,532	–	1,202,355	–	8,795,887
Current assets	912,374	127,770	–	155,077	1,195,221
Liabilities	(736,004)	–	–	–	(736,004)
	9,288,111	127,770	1,921,577	155,077	11,492,535

12. Funds – 2023

	1 Jan 23 £	Income £	Expenditure £	Gains, Losses & Transfers £	31 Dec 23 £
General fund	9,288,111	3,187,131	(2,980,941)	(5,209)	9,489,092
Designated funds and revaluation reserve					
Building Fund	127,770	–	–	(127,770)	–
Innovation fund	–	–	–	132,979	132,979
Revaluation reserve	1,921,577	–	–	14,026	1,935,603
	2,049,347	–	–	19,235	2,068,582
Restricted funds					
Harben Trust	85,345	4,267	–	–	89,612
Heggie fund	44,963	2,248	–	–	47,211
Thomas Latimer Cleave Memorial Trust	8,361	418	–	–	8,779
Awards fund	13,078	654	–	–	13,732
Robert Wood Johnson	3,330	–	(3,330)	–	–
	155,077	7,587	(3,330)	–	159,334
Total funds – 2023	11,492,535	3,194,718	(2,984,272)	14,026	11,717,008

ROYAL SOCIETY FOR PUBLIC HEALTH REPORT AND FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2023 NOTES TO THE ACCOUNTS – CONT'D...

12. Funds – cont'd...

Funds – 2022

	1 Jan 22 £	Income £	Expenditure £	Gains, Losses & Transfers £	31 Dec 22 £
General fund	8,634,451	3,140,984	(2,970,096)	482,772	9,288,111
Designated funds and revaluation reserve					
Building Fund	600,000	–	–	(472,230)	127,770
Revaluation reserve	3,812,611	–	–	(1,891,034)	1,921,577
	4,412,611	–	–	(2,363,264)	2,049,347
Restricted funds					
Nigel Symonds	1,146	–	–	(1,146)	–
Harben Trust	83,264	2,081	–	–	85,345
Heggie fund	60,795	1,264	–	(17,096)	44,963
Thomas Latimer Cleave Memorial Trust	8,157	204	–	–	8,361
Awards fund	12,759	319	–	–	13,078
EMC Wilson Bequest Fund	910	–	–	(910)	–
Gambling Health Alliance	21,069	–	(21,069)	–	–
Robert Wood Johnson	10,449	–	(7,119)	–	3,330
	198,548	3,868	(28,189)	(19,152)	155,077
Total funds – 2020	13,245,610	3,144,852	(2,998,285)	(1,899,644)	11,492,535

The RSPH has designated certain funds as follows:

Innovation fund

Represents amounts set aside from the dividends income from the previous year for the development of priority areas in accordance with the guidelines set by the Trustees

Major restricted funds of the RSPH as follows:

Harben Trust fund

Represents amounts restricted for the purpose of an annual lectureship “dealing with some subject embodying the results of original research in conjunction with the science of public health”.

Heggie fund

Represents amounts restricted for the specific purposes of

- (a) the refurbishment and maintenance in perpetuity of ‘James Heggie Room’ in 28 Portland Place.
- (b) the development of courses and examinations for anatomical pathology technicians.

Thomas Latimer Cleave Memorial fund

Represents amounts restricted for the purpose for the advancement of education and in furtherance thereof to provide prizes, awards, scholarships and grants to students of food science

ROYAL SOCIETY FOR PUBLIC HEALTH REPORT AND FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2023 NOTES TO THE ACCOUNTS – CONT'D...

12. Funds – cont'd...

Awards fund

Represents all the individual restricted award funds from the predecessor organisations Royal Institute of Public Health and the Royal Society for the Promotion of Health.

Robert Wood Johnson

To support the Health on the High Street campaign in the USA

13. Net cash

	2022 £'000	Cash flow movements £'000	Other movements £'000	2023 £'000
Cash at bank and in hand	720,416	24,837	-	745,253
Net debt	720,416	24,837	-	745,253

14. Lessor

The Charity earns rental income by leasing its investment property to tenants under non-cancellable leases.

	2023 £	2022 £
Within one year	197,750	113,000
Between two and five years	583,833	755,453
Total undiscounted lease payments receivable	781,583	868,453



RSPH
ROYAL SOCIETY FOR PUBLIC HEALTH
VISION, VOICE AND PRACTICE

Royal Society for Public Health
John Snow House, 59 Mansell Street, London, E1 8AN

Tel: 020 7265 7300
www.rsph.org.uk

X @R_S_P_H

Royal Society for Public Health

RoyalSocietyforPublicHealth

rspublichealth

RSPH is a registered charity in England and Wales (Reg no. 1125949)
and in Scotland (Reg no. SC040750)



Accounts

Annual Report and Financial Statement 2022

Royal Society for Public Health
www.rsph.org.uk

Contents

Reference and administrative details	3
Chair's foreword	4
What we've achieved.....	5
Income and expenditure 2022 and 2021	6
Vision	7
Voice	9
Practice.....	12
2023 and beyond	17
Structure, governance and management	18
Statement of trustee's responsibilities.	22
Independent auditors' report.	23
Statement of financial activities	27
Balance sheet.....	28
Statement of cash flows.....	29
Notes to the financial statement.....	30

Reference and administrative details

Charity No: 1125949 England and Wales
SC040750 Scotland

Principal and registered office: John Snow House
59 Mansell Street London E1 8AN

Trustees: Members of the Council since 1 January 2022

Dr Jonathan Pearson-Stuttard	Chair
Margaret Waterston	Treasurer, appointed 8 August 2022
Professor Lisa Ackerley	to 31 December 2022
Ms Ahmina Akhtar	to 31 October 2022
Mr Jeremy Benson	appointed 21 February 2023
Dr Nigel Carter	
Mr Christopher Clarke	to 26 January 2022
Dr Tim Elwell-Sutton	to 23 March 2023
Mr Malcolm Groat	appointed 21 February 2023
Mr Meir Hakkak	appointed 21 February 2023
Ms Anne Heughan	to 23 March 2023
Dr Rachel Isba	appointed 1 March 2023
Ms Davinder Jhamat	to 31 December 2022
Ms Halima Khan	appointed 27 January 2023
Mr James Morris	
Professor Margaret Rae	appointed 28 July 2022 to 11 April 2023
Ms Wilma Reid	
Mr Joe Stringer	to 17 March 2022
Mr Tony Vickers-Byrne	to 31 January 2022
Professor Carol Wallace	to 18 October 2022
Ms Charlotte Wood	appointed 21 February 2023
Ms Elizabeth Wynn	appointed 1 March 2023

Bankers: HSBC Bank
Wimbledon Branch
5 Wimbledon Hill Road
London SW19 7NF

Legal Advisors: Hempsons
40 Villiers Street
London WC2N 6NJ

Auditors: Moore Kingston Smith LLP
9 Appold Street
London EC2A 2AP

Investment Advisors: Rathbones Investment
Management Ltd
1 Curzon Street
London W1J 5FB

Chair's reflections on 2022

I had the honour of becoming Chair of the Royal Society for Public Health in the autumn of 2022 after being appointed a trustee in 2019. I would like to thank the previous Chair, Dr Nigel Carter OBE, and all trustees for welcoming me. I am really excited about the opportunity that we collectively have at such an important time for the public's health.

2022 saw many challenges. The ongoing impact of the Covid-19 pandemic, a cost-of-living crisis, and Government changes had an impact on us all individually, but also on the public's health.

The public health workforce continues to be an inspiration, with their compassion, resilience, innovation, and unwavering care. We are proud to be the voice for the sector, and we held our first Public Health Workforce Week in October to listen and learn about the challenges they face, and work with them on how we might best provide support.

It was also a year of change for RSPH. We welcomed our new Chief Executive, William Roberts, and new members of staff across the organisation. We owe a huge debt of thanks to our dedicated staff, led by the executive management team, who continue to deliver high-quality work and rise to the challenges of an ever-changing public health landscape.

We're proud of the resilience and agility that our teams, and our members and supporters have shown. As a result, we have been able to continue providing a wide range of support for public health. I would also like to give special thanks to Professor Carol Wallace who joined as a trustee in 2011 and worked tirelessly as our Treasurer before she left in October.

During the year the trustees and executive management team worked to further develop the strategy for the organisation, and this will be implemented in 2023. Our vision has always been dedication to improving and protecting the public's health.



Dr Jonathan Pearson-Stuttard FRSPH FFPH
Chair of Royal Society for Public Health

We used our voice to ensure that prevention, public health, and tackling inequalities remain on the agenda of Governments. We used our expertise in practice to develop new, relevant qualifications, training and learning tools that are fully accessible remotely in a complex and changing environment. I am optimistic about the impact RSPH can have on the public's health through our new strategic focus areas – that everyone can improve the public's health, inequalities matter to us all, and upskilling and empowering the public health workforce to help forge a healthier future.

Refurbishment works of our headquarters building at John Snow House were completed in the summer and have provided teams with an updated modern and flexible work environment.

Finally, I would like to thank our trustees who continue to serve the charity admirably with their skills and knowledge and to thank all our members, supporters, partners and centres for their continued dedication and support.

Jonathan Pearson-Stuttard

Jonathan Pearson-Stuttard (Jun 19, 2023 14:41 GMT+1)

Dr Jonathan Pearson-Stuttard FRSPH FFPH
Chair of Council

What we've achieved



Membership grew by 14%



Six webinars with 2, 796 attendees



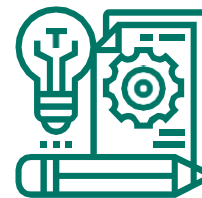
61, 956 hours of CPD delivered



11% increase in qualifications candidates



37 new centres recruited



Five new qualifications delivered



Over half a million website visits
502, 873

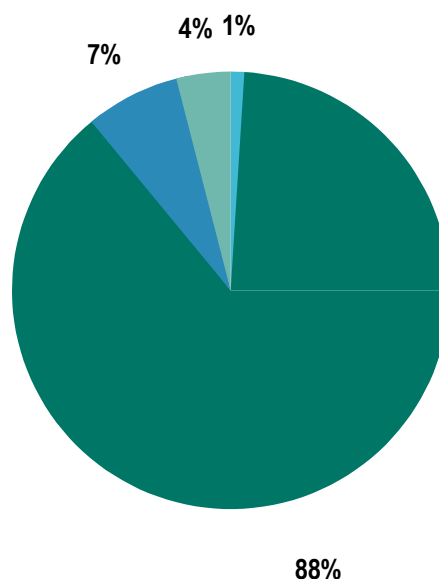


Over 6,800 new followers on
social media

Income and expenditure 2022 and 2021

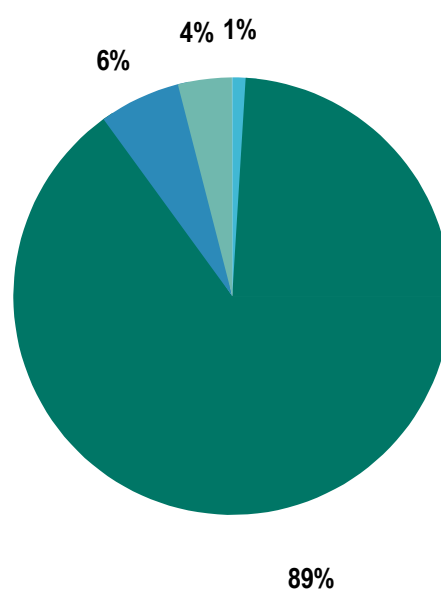
2022

Donations and sponsorship	£20,000
Charitable activities	£2,760,893
Other trading activities	£225,263
Investments	£138,696
Total Income	£3,144,852



2021

Donations and sponsorship	£32,020
Charitable activities	£2,521,892
Other trading activities	£169,385
Investments	£113,153
Total Income	£2,836,450



Vision

The Royal Society for Public Health is the oldest public health agency in the world. Established in 1856, we have over 165 years of experience in supporting the wider public health workforce through education, training, research and influencing and, more importantly, supporting the public's health.

Our 2022 – 2027 strategy brings in the next chapter for the charity. We will continue to fulfil our role as established in the royal charter, but we will also go further and be bolder in our ambitions to support our members and to tackle the greatest challenges we currently face, such as the gross inequalities exacerbated by the Covid-19 pandemic, and the cost-of-living crisis.

Our vision, voice and practice will guide our work for the next five years, enabling us to deliver our high-quality services whilst being a strong and sound organisation, so we can impact the public's health for many years to come.

RSPH exists to ensure everyone can lead a healthier longer life

RSPH Strategic Plan 2022-2027



Vision

Tackle inequalities exposed and exacerbated through Covid-19

Enable conditions and environments that support healthier societies

Change trajectory for improving UK healthy life expectancy



Voice

Support for the Public Health Workforce is Crucial

A skilled and well-trained workforce is essential for better public health. This requires investment both financially and in terms of commitment. We are the voice and support for the wider public health workforce and will champion and campaign on their needs

Inequalities Matter

We need to reverse the decline in trends around life expectancy and healthy life expectancy. We care about poverty, inequalities in all its forms, and fair economic prosperity. Addressing these issues is critical to improving public health. To tackle the drivers of inequality we must understand and challenge them. A fairer society is a healthier society

Public Health is Everyone's Responsibility

We must ensure that the public's health remains part of the conversation. Public health is everyone's responsibility from governments, to organisations, businesses and communities. Making public health everyone's business is essential for better public health outcomes



Practice

Enable and empower the wider public health workforce with our high-quality educational offer, impactful campaigns and, great programmes

Convene groups and stakeholders working across all areas of public health, hosting conversations and championing better health outcomes

Innovate and influence in the public health arena with our research, programmes and qualifications, engaging our membership in these

Transform the public health landscape by being a strong and sustainable organisation with financial security

Vision

Tackle inequalities exposed and exacerbated through Covid-19

Inequalities across our societies is nothing new. But the need to tackle these disparities and provide stronger voice and support for those communities most at risk is now essential. Covid-19 highlighted that the health and wellbeing of our communities must be supported if we are to grow and withstand any shocks to the system, such as another pandemic. We will provide voice, raise awareness, influence and provide training on behalf of these groups.



Enabling conditions and environments that support healthier societies

We are aware of the impact that people, place, and systems have on our health and ability to lead healthier lives. It is also well documented that more often than not our environments support unhealthy behaviours and consequently ill health. We will encourage population-level changes that champion healthier environments, whilst also providing our communities with the tools that will better support them and their health.



Change trajectory for improving UK healthy life expectancy

For the first time since WWII, the life expectancy of men and women in the UK decreased in 2020. However, more concerning is the difference in healthy life expectancy between the richest and poorest communities. It cannot be fair or accepted that a person living in Wokingham will live 15 healthier years more than a person living in Manchester. We will seek to convene the groups and influence the changes that will support healthier life expectancy across all communities and provide better awareness of these factors.



Voice

Support for the public health workforce is crucial

A skilled and well-trained workforce is essential for better public health. This requires investment both financially and in terms of commitment. We are the voice and support for the public health workforce and will champion and campaign on their needs.

In 2022 our membership increased by 14% meaning we were able to support more of the public health workforce with our qualifications, training, events, learning opportunities, and peer-reviewed journals.

We asked our members in the public health workforce about the challenges they are facing and, from the research, produced a series of [information sheets](#) highlighting the stress and strain that the public health workforce is under and the solutions that they wanted.

"Burn out is an issue, after having worked 12 hour-days as the norm for the last two years."



We held our first Public Health Workforce Week in October 2022 raising awareness of key findings from the research and hosted a live Twitter discussion about the concerns of the public health workforce.

We hosted the annual RSPH Health and Wellbeing Awards that recognise and celebrate a wide range of public health activities, policies and strategies that empower communities and individuals, improve the population's health, and address the wider social determinants of health. The winner of the 2022 Public Health Ministers' award was the Swim England and Good Boost partnership.



Inequalities matter

We need to reverse the decline in trends around life expectancy and healthy life expectancy. We care about poverty, inequalities in all its forms, and fair economic prosperity. Addressing these issues is critical to improving public health. To tackle the drivers of inequality we must understand and challenge them. A fairer society is a healthier society.

We published [Our Health - the Price We Will Pay for the Cost-of-Living Crisis](#) – a report highlighting new data collected by RSPH and showing the growing and lasting impact of the cost-of-living crisis on the public's health.

The report marked the beginning of RSPH's programme of work on the impact of the cost-of-living crisis on the public's health and inequalities, and the policy and practice solutions.



This programme of work is a core part of RSPH's new strategy: everyone can improve the public's health; inequalities – and their societal impacts – matter; and an empowered public health workforce is crucial to unlocking health and prosperity in communities across the UK. 2022 saw us continuing to increase the number of approved delivery centres for our qualifications, in order to expand the reach of this network in tackling health inequalities across the UK. We approved 37 centres in all four nations of the UK, including schools, colleges, universities, grassroots community organisations, and local authorities

In addition to our new centres, one centre has been re-approved and is delivering eight qualifications, and 22 existing centres have added 29 additional qualifications to their centre's educational offering.

Access programme

RSPH qualifications have been used to support other innovative work across RSPH. Commissioned by NHS England, RSPH developed a pilot programme with a focus on supporting people experiencing homelessness into frontline healthcare roles and was concerned with highlighting barriers to employment in this specific context.



This work was taken forward in partnership with Pathway, Groundswell, and the Department of Work and Pensions. It involved the design and delivery of employment support and a training pathway for individuals with lived experience of homelessness. This included the attainment of the RSPH Level 1 Understanding Health Improvement qualification, provision of pre-employment advice, access to internships, and placements.

The independent evaluation from King's College London indicates that the main outcomes of the project include a high job offer rate for participants and a better understanding of the elements of a successful employment pathway for people experiencing homelessness. The report is due to be published in 2023.

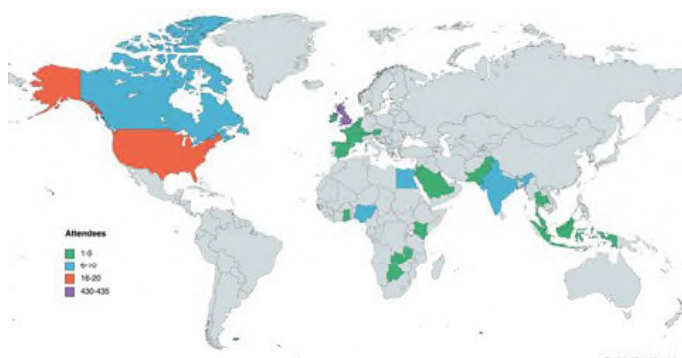
Public health is everyone's responsibility

We must ensure that the public's health remains part of the conversation. Public health is everyone's responsibility, from governments to organisations, businesses, and communities. Making public health everyone's business is essential for better public health outcomes.

In February 2022 we delivered 'Future of Public Health' an online conference asking, 'What next following the Covid-19 pandemic?' speakers included

- Professor David Nabarro, Special Envoy on Covid-19, World Health Organisation
- Rt Hon Jonathan Ashworth, Shadow Secretary for Work and Pensions
- Alison Cox, Global Health and Climate Alliance
- Chris Thomas, Institute for Public Policy Research

The talks stimulated strong discussions and the webinar had 302 international attendees and, importantly, engagement from the devolved nations.



From this, we began our work to convene groups and teams from across the public health landscape.

During the year we worked with UKHSA, OHID, NHES, HEE (now NHS England WTE), Food Standards Agency, HSE, Gambling Health Alliance, Obesity Alliance, Association of Directors of Public Health, Faculty of Occupational Medicine, Health Equals, Health Equalities Alliance, Smoke Free Action Coalition, Alcohol Health Alliance, UK People in Public Health, Dept for Levelling Up, Mental Health First Aid England, World Cancer Research Fund, stakeholders from the devolved nations and many more NHS Trusts, local authority public health departments, national charities, universities and academia, public health practitioners and organisations, professional bodies, and hundreds of local community health and wellbeing organisations.



This engagement and our reputation as evidence-based influencers should only grow in 2023 when we step up our work highlighting the inequalities in vaccine uptake, harms caused by gambling, and the effects on public health, to influence manifestos as we approach the general election.

During 2022 we started a series of policy breakfasts to communicate our public health research and engage with the sector. Our first policy breakfast focussed on supporting those who deliver public health, and we started planning our 2023 series, which includes the impact of the cost-of-living crisis, and children and young people's experiences of vaccines.

Practice

Enable and empower the wider public health workforce with our high-quality educational offer, impactful campaigns, and great programmes.

Royal Society for Public Health is regulated by Ofqual (England), Qualifications Wales (Wales), and CCEA (Northern Ireland) to provide its wide-ranging and innovative public health qualifications, all of which focus on providing the public health workforce with the knowledge, skills, and confidence to protect and improve the public's health.

In 2022, the charity provided public health qualifications for many thousands of candidates across a range of diverse subjects, with key growth areas being Health Improvement and Pest Control. Our qualifications have been used to underpin projects and programmes of work delivered by a range of organisations including NHS England, multiple local authorities, charities, and private businesses.

Public Health Area	2022
Food safety	16,177
Health improvement	4,283
Health and safety	4,096
Pest management	1,849
Nutrition	717
Built environment	638
Bespoke qualifications	926
	28,686

We continued to show innovation in identifying new areas of need and demand for public health skills and knowledge, by working with partners to initiate the development of five new qualifications

- RSPH Level 3 Mental Health First Aid
- RSPH Level 2 Award for Mental Health Peer Mentors (RSPH non-regulated)
- RSPH also agreed a partnership with NHS England to develop a suite of qualifications to support the national Violence Prevention and Reduction Standard (RSPH non-regulated)

We continued to develop and deliver our innovative programmes that support the public health workforce to deliver new services and tackle inequalities.

RSPH Learn and RSPH LearnFree Training

RSPH provides eLearning courses for a range of clients and customers in the public, private, charitable, academic, and educational sectors.

- **Total number of learners (eLearning and training) in 2022: 9,707**
- **Total learners accessing digital courses: 8,330** Most popular course in 2022: **Level 2 Food Safety & Hygiene**

New eLearning courses launched in 2022

- Introduction to Public Health (March, free for members)
- Introduction to Health Behaviour Change (March, free for members)
- Loneliness and Relationships course update and re-launch (May, free for everyone)

Continuing Professional Development

RSPH provides members and non-members with CPD points for a range of its training, learning, webinars, conferences, and more. In 2022 we delivered **61,956** hours of CPD.

Making Every Contact Count for Mental Health Project

RSPH was commissioned by Health Education England to lead the Making Every Contact Count (MECC) for Mental Health project that aims to upskill the non-specialist workforce in primary and community care by supplying high-quality evidence-based training. MECC training develops knowledge, skills, and confidence to integrate mental health and wellbeing messages and interventions into routine practice, enabling the opportunistic delivery of consistent, concise healthy lifestyle information through short conversations aimed to support people to make positive changes to improve their mental wellbeing.



An independent evaluation of the phase 1 project (June 2021-May 2022) showed:

- 12 lead trainers and 100 local trainers from 83 organisations in primary and community care organisations were recruited
- Statistically significant increases in participants' capability, opportunity, and motivation to have conversations with people about their mental health
- Evaluation follow-up also found a statistically significant increase in the number of conversations about mental health and wellbeing that participants were having, compared with before the training

Phase 2 of the project commenced in June 2022, to recruit an additional 26 lead trainers and 130 trainers across the three ICS areas of Cheshire and Merseyside, Greater Manchester and Lancashire, and South Cumbria. Training was delivered to 19 lead trainers and 604 end users (380 MECC for Mental Health, 177 MECC for Menopause, and 47 MECC for Cancer Pathways).

“...as a third sector organisation, having a number of MECC for Mental Health trainers on our team means we now have a training arm to our organisation which we didn't have before. So that strengthens our position as an organisation, as well as bringing real value to the community we serve.”

Building on this, the following adaptation programmes were developed to be launched in 2023:

- MECC for Menopause
- MECC for Stroke Care
- MECC for Practice Education Facilitators

Encouraging Vaccine Uptake

RSPH Training continued to deliver the Level 2 Award to upskill public facing professionals who could have brief opportunistic conversations about all vaccination programmes, and in particular Covid-19.

Total number of learners trained: 308

“The staff who have attended the training gave overwhelmingly positive feedback, reporting a marked improvement in both the knowledge of vaccine concern, and confidence around hosting conversations to encourage vaccine uptake.”

Partners we worked with to deliver this training:

- Lambeth Council
- Tower Hamlets Council
- Groundswell
- Champs Public Health Collaborative
- Redbridge CVS
- Cheshire West and Chester Council
- NHS North East London CCG
- Kent Community NHS Trust
- Royal Borough of Kensington and Chelsea
- Westminster Council

Tackling Gambling Related Harms

In partnership with Medway Council, RSPH Training delivered the Level 2 Award in Tackling Gambling-Related Harms qualification. This course educates learners about the impact of harmful gambling, and how to provide support and signposting to affected individuals.

Total number of learners trained: 124

NHS England Health and Wellbeing Champions Project

RSPH Training was commissioned by NHS England to deliver the RSPH Level 2 Award in Understanding Health Improvement qualification to health and care staff across the seven NHS regions in England with the aim of having workplace health and wellbeing champions available to fellow staff. All learners who completed the training have been given a year's RSPH Membership to support them in their role. The project will continue into 2023.

Total number of learners trained: 231

Diploma in Occupational Medicine

RSPH is approved by the Faculty of Occupational Medicine to run the Diploma in Occupational Medicine course to prepare candidates for the Diploma in Occupational Medicine's written examination and the oral examination based on a portfolio.

In 2022, 80 delegates attended the two-week course

100% said they would recommend this course to a colleague

“...overall, it was very well-organized intensive course under the leadership of Dr Shriti Pattani. All the lecturers were senior people with vast experience in their respective field. All the sessions were conducted on time without any glitches. Finally, it was a great session.”

RSPH Accreditation

Through the RSPH accreditation service, the RSPH endorses training programmes, campaigns and university modules which contribute to maintaining high standards in education, public health, hygiene, and safety.

During 2022 there were over 40 programmes accredited from 19 organisations, in subjects including public health, behaviour change, health literacy, cancer awareness, mental health, nutrition, hygiene, and food safety.

We accredited West Sussex County Council's 'Making Every Contact Count' training programme. The programme is designed to upskill and motivate the local workforce, giving people the knowledge, skills, and confidence to discuss health behaviour change with others. It supports the County Council's ambition to be an organisation:

"...where all our people can work in an empowered, collaborative and innovative way to make a real and positive difference for all our communities".

Convene groups and stakeholders working across all areas of public health, hosting conversations and championing better health outcomes

In 2022 we supported our members and the public health sector with

Six webinars: 2,796 attendees

Four Special Interest Groups: 4,495 members

Two online member events: 150 attendees

Feedback on our events and conferences is always positive and, in response to our member's request for face-to-face events, we are planning two in-person member networking events in 2023.

Since 2020, RSPH has been working with Hull City Council's public health team to establish a Financial Inclusion Network, to support coordinated, multi-agency strategic action to address financial insecurity. In 2022, RSPH facilitated financial insecurity network meetings to continue the development of the local health and care systems' capability around the scale and impact of financial insecurity and debt on population health. The network mobilised several innovations and initiatives to improve financial inclusion in the city, including The Poverty Truth Commission, The Prevention Concordat for Better Mental Health, The Health Inequalities Framework, The Money and Mental Health Workshop, and The Joint Health & Wellbeing Strategy.

Innovate and influence in the public health arena with our research, programmes, and qualifications, engaging our membership in these

Our membership consists of people working, or with an interest, in public health from a broad range of areas including doctors, students, environmental health, health and safety professionals, and public health practitioners. They are global - from the four UK nations, and internationally, and they are involved and vocal in their passion for public health, and as the charity innovates and influences the public health arena, we engage our membership in discussion, development, and delivery.

Membership levels range from Student to Fellow, with the aim of supporting professionals along their public health career pathway. We offer a range of benefits to members including, webinars, member events, journal subscriptions; and special interest groups in Arts and Health, Behaviour Change, Food, and Water that members can join.

We continued to support our members with free eLearning as part of their membership: 1,377 member learners took courses in 2022.



"Perspectives in Public Health" is published bi-monthly and is available to all RSPH members, while "Public Health" is published monthly and is available online to Fellow members. Our newest journal, "Public Health in Practice", is a gold open-access journal and accepts submissions.

In 2022 our journals were downloaded 1,778,631 times and we received 3,917 article submissions from around the world.

Transform the public health landscape by being a strong and sustainable organisation with financial security

In 2022 we undertook a major refurbishment to our freehold building with improved lighting, revised office layout, new carpets, and other facilities to provide a modern working environment for our staff.

The overwhelming majority of staff enjoy the flexibility of working from home for part of the week and we reviewed our flexible working policy and made hybrid/agile working a permanent arrangement for all staff members. We reviewed and improved some of our other staff policies around annual leave maternity leave/pay and sickness absence, with the aim of creating an engaged, supported, and happy staff team. To increase their wellbeing, we also increased the number of First Aiders, staff trained in Mental Health First Aid, and continued to develop the remit of our staff health champions.

In line with our regulatory requirements and quality assurance procedures, several of our qualifications were put through scheduled mid-term or full-term reviews during the year. Our internal qualifications learning system, exam marking, and certification systems are continually monitored and reviewed whilst maintaining the highest standards.

We strengthened our resources around policy and communications to support our three strategic voice areas and increase our capacity for influencing the public health arena, convening groups and stakeholders, hosting conversations, and championing better health outcomes.

Our two online learning platforms, RSPH Learn and RSPH LearnFree for public health professionals and the public respectively, continue to run successfully since launch two years ago. During the year we implemented portal refinements to enhance customer experience based on feedback received. We have continued to promote the move to e-Assessment and have significantly increased the number of centres signed up and delivering on-line examinations.

A review of our financial accounting processes indicated the need for an improved finance system, and this will be implemented in 2023

2023 and beyond

Our strategy will support us to go further and be bolder in our ambitions to tackle the greatest challenges faced in our societies and the wider public health workforce. This is necessary if we are to make the much-needed gains following a pandemic that has exacerbated the gross inequalities faced in our societies, and a cost-of-living crisis that can impact the public's health for many years to come.

We aim to grow our membership by 20% and increase online payments, subscriptions, and readership aimed at reducing the negative effect on climate and the environment.

We plan to increase the impact factor of our three international journals by strengthening our editorial boards and increasing article submissions from the sector globally.

We will grow our events and conferences offering, highlighting key issues in public health including, supporting the de-motivated workforce, the effects of the cost-of-living crisis on public health, developing areas of public health, and reflecting the needs of our members and the public health sector.

We will continue to deliver our public health qualifications and our online training and learning to more people and organisations in the public health sector, supporting the need for a high standard of required knowledge and experience across the public health workforce. This will also help us tackle inequalities by increasing our use of e-learning, face to face training, and e-certification, enabling more people to develop a career in public health.

We believe it is crucial for improved public health to increase the number of people accessing our health improvement programmes and becoming Community Health Champions via the Communities in Charge project, particularly in the areas of obesity, alcohol, and gambling.

We will upscale our successful Making Every Contact Count for Mental Health project and diversify into new areas such as Menopause and Cancer Awareness. From the Evaluation Report for our Access to Work Programme due to be published in 2023, we plan to increase our delivery to help people with lived experience of homelessness into employment into healthcare settings.

We will continue to develop the charity as an evidence-based authoritative voice that successfully advocates for the public's health and the public health workforce. We aim to be the trusted source for public health information developing a presence and communications with the sector including the devolved nations and internationally.

Structure, Governance and Management

RSPH is a registered charity in England & Wales (Reg.No 1125949) and in Scotland (Reg. No.SC040750) and governed by a royal charter and by-laws dated 30 September 2008 and as amended on 10 February 2016. The direction and management of RSPH and its affairs and business are vested in the RSPH Council. The Council members, as charity trustees are responsible for the RSPH and its property and funds. The Council of RSPH consists of not less than 10 and not more than 15 members including the Chair, Vice Chair, and Treasurer. Trustees are appointed by the Council to ensure an optimum match of expertise and experience to suit the strategic needs of the charity that exists at any given time. All members of the Council act as trustees of RSPH and have a vote.

New trustees are appointed through a recruitment campaign and occasionally on the basis of recommendation depending on the experiences and skills needed. RSPH members are always notified of Council vacancies and encouraged to apply. New trustees send an application and cover letter, and candidates are interviewed by two or three members of the Nominations and Governance Committee. New trustees are given a formal induction process with senior staff and provided with all the appropriate governance materials including key guidance for trustees from the Charity Commission.

The normal term of office for trustees is three years, renewable for a further immediate term of three years. In order to provide both continuity and engagement of new trustees, one third of the Council is required to stand down each year. New Council members are offered induction meetings with the Chair, Chief Executive, and senior staff of RSPH, and every trustee is offered training opportunities as appropriate.

RSPH reviews its long-term strategy regularly with trustees and the executive management team. It operates five standing sub-committees, 'Audit and Risk', 'Nominations and Governance', 'Qualifications Governance', 'Policy & Impact' and 'Public Health Workforce' to provide support to the Council on issues defined by terms of reference. It also creates task and finish groups to explore specific and timely issues when necessary. The trustees meet four times per year as a full trustee group as well as at the Annual General Meeting.

RSPH is managed on a day-to-day basis by an executive management team led by the Chief Executive. To facilitate effective operations, the Chief Executive has delegated authority, within terms of delegation approved by the trustees, for all operational matters including finance and employment. The trustees are listed on page 3 of this report.

Key Management Personnel

The Council of Trustees and members of the executive management team comprise the key management personnel of the charity in charge of directing and controlling, running, and operating RSPH on a day-to-day basis. All trustees give their time freely and no trustee received remuneration in the year for their responsibilities as part of the Council. The executive management team members are the Chief Executive, Director of Membership and Educational Services, Director of Finance and Corporate Resources, Director of National and Regional Programmes, Director of Qualifications, and Director of Policy and Communications.

The pay of the executive management team is reviewed annually and normally increases in accordance with inflation. The charity benchmarks salaries based on the market rates.

Risk Management

The Council has assessed the major risks to which the RSPH is exposed, in particular those related to the operations and finances of the charity and is satisfied that systems are in place to mitigate the exposure to major risks. The trustees have set up an Audit and Risk Committee comprising a minimum of three trustees to oversee the risk issues. This Committee reports to Council on relevant matters and sets its own agenda for action and is free to consider any matters relating to the health of RSPH, which could have serious deleterious effects or bring RSPH or its work into disrepute. Where appropriate, risks are covered by insurance. A risk register has been set up and is reviewed quarterly by the Council at its meetings.

The following framework is central to ensuring adequate risk assurance:

- regular identification and monitoring of major risks and development of action plans
- a clear structure of delegated authority and control
- regular review of internal control systems
- regular summary reports on risk management to the Council
- regular reports on risk management to the Audit and Risk Committee.
- As any organisation, the RSPH is also exposed to cyber security threats. To mitigate this risk, RSPH endpoint devices are fully managed and have antivirus software which is updated regularly. In addition to this, all emails are routed through an anti-spam email gateway. RSPH files are stored in the Microsoft Cloud (SharePoint/OneDrive) and are accessible only from RSPH compliant devices. Multifactor Authentication (MFA) is enabled for users. There is a Datto SaaS Protection in place which is a backup tool that protects Microsoft 365 data. In an event of data loss, our data can be re-stored within a short period of time.
- RSPH is exposed to market fluctuations of the values of its freehold property and investment portfolio. Market values dropped substantially in 2022 and these are reflected in the Balance Sheet. The executive management team is monitoring the position regularly.
- Over the last few years, the charity has achieved media coverage for its key public health messages. This has exposed RSPH to reputational risk. RSPH has established good media relationships and engages in robust research on topics by our dedicated and trained staff.

Key risks

- As an Awarding Organisation, RSPH is regulated by OfQual. It is important for RSPH to satisfy the regulatory requirements to maintain the accredited status of its qualifications. The Compliance Manager and other senior staff keep up to date with OfQual guidance on the Regulatory Conditions. This is overseen on a quarterly basis by the Qualifications Governance Committee.
- As with other Awarding organisations, RSPH is also exposed to fraud by criminal gangs who produce fraudulent certificates that are presented to obtain certain skilled jobs. We are working with OfQual on this, and the executive management team has introduced rigorous controls and measures in place to ensure the authenticity of our certificates.

Reserves Policy

The executive management team has considered RSPH's requirements and established a policy in line with the Charity Commission guidance whereby the unrestricted general fund held by RSPH should be approximately six months expenditure. The budgeted expenditure for the year is £3.1 million and therefore, the target reserve level is approximately £1.55 million, and the management is confident that at this level they would be able to continue the current activities of RSPH in the event of a significant drop in income.

At the end of the year, the level of unrestricted general funds stood at over £9.3 million which is more than its target level. In March this year, trustees agreed to the development of an innovation fund to enable RSPH to access funding for new initiatives. A designated Innovation fund of £146,000 has now been set up from the free reserves.

Trustees have also decided to re-establish the designated building fund following the major refurbishment works on its freehold building at 59 Mansell Street during the year which utilised most of the designated fund set aside in 2021. It was decided to set aside a sum of £600,000 as the 'building designated fund'.

Due to the volatility of the markets for our activities over the past few years, trustees have decided to keep the free reserves above the target level until suitable designated purposes are found in the future.

Fundraising

Following the implementation of the Charities (Protection and Social Investment) Act 2016, the charity has reviewed its fundraising activities and confirms that it complies with the regulation. The charity did not make use of any external fundraisers. No complaints were received in respect of its fundraising activities.

Objects

The trustees confirm that they have complied with the duty in section 17 of the Charities Act 2011 to have due regard to public benefit guidance published by the Charities Commission in determining the activities undertaken by RSPH.

The objects of RSPH as set out in the royal charter are "for the promotion and protection of public health in such ways as are charitable in law". Through advocacy, mediation, empowerment, knowledge, and practice we advise on policy development, provide education and training services, encourage scientific research, disseminate information and good practice.

Financial Review

Funding for RSPH's work is generated by its core activities in education and training and through the support of specific projects from charitable sources. It is also supported by income from the investment portfolio. Although RSPH continues to experience the effect of the Covid-19 pandemic, trustees are pleased with the income for the year compared to the previous year. The total income from all sources has increased by nearly 11% to £3,144,852 (2021-£2,836,450).

Total expenditure for the year increased by 3% to £2,998,284 (2021- £2,902,292) which includes an expenditure of £28,188 in relation to the restricted funds.

Total net income before gains/(loss) on investments amounted to £146,568 compared to the net expenditure of £65,842 in 2021.

An amount of £19,152 is transferred from the following restricted funds to the unrestricted fund:

- £17,096 was transferred from 'Heggie fund' to support the refurbishment of 'Heggie' meeting rooms at 59 Mansell Street
- £1,146 was transferred from 'Nigel Symonds fund' following approval from the Charity Commission
- £910 was transferred from 'EMC Wilson Bequest fund' following approval from the Charity Commission

Providing qualifications is one of the main activities of RSPH and this has generated an income of £851,403 which was 21% higher than the previous year's income of £705,845. The other main activities, membership and publishing, have generated an income of £768,492 for the year, compared to the income of £788,274 in the previous year. Income from projects for the year is £361,604 which is 8% lower than the previous year's income.

In addition to this, RSPH has also provided other activities such as courses and conferences, educational services, and sold resources, which have generated a combined income of £779,394 for the year.

During the year, RSPH increased the letting proportion of its building and signed a 10-year lease with the tenants. As a result, its investment property ratio has increased to 63.02% from 36.98% in the previous year.

RSPH engaged a RICS qualified external valuer to provide a report on the value of its freehold property at 59 Mansell Street, London E1 8AN. According to the report, the fair value of the property as of 31 December 2022 has fallen to £5,750,000 from £6,600,000 in 2021.

Based on the revised valuation and increased letting proportion of the building, the split between Tangible asset and Investment property is as follows

- Tangible asset £2,126,350 (36.98%)
- Investment property of £3,623,650 (63.02%)

Overall, RSPH's net expenditure after all the losses on the investment portfolio and the valuation of freehold property, is £1,753,076 compared to a net expenditure of £316,594 in the previous year.

Investment policy and performance

Investments are managed by external managers, Rathbones Investment Management Ltd who have many years experience of investment management and are authorised persons within the Financial Services and Markets Act 2000.

RSPH delegates power to Rathbones Investment Management Ltd to use their best endeavours in managing the portfolio within clearly defined policy guidelines. Investments are with corporations that have produced audited accounts in the last five preceding years and trade within the ethical restraints imposed by RSPH.

The investment manager is required to report all transactions within 14 days and submit a comprehensive performance report quarterly. The manager is frequently invited to present their report to the Audit and Risk Committee. RSPH reviews the delegated arrangement with the manager annually. RSPH also undertakes an annual review of its investment objectives which meet the requirements of the Financial Services Authority (FSA).

RSPH's priority is for capital growth with medium income. The portfolio is based on medium risk and may include government and other fixed interest investments and equities. Indirect exposure through UK companies trading internationally is permitted.

During the year, RSPH acquired stocks with a value of £1,152,159 and disposed of stocks with a market value of £1,251,424. The market value of the RSPH investment portfolio at the end of the year stood at £5,172,737 (2021- £5,866,041).

Thomas Latimer Cleave Memorial Trust

RSPH administers the above charitable fund which is registered with the Charity Commission under the number 296180. RSPH is the only trustee of the fund.

Statement of trustees' responsibilities

The trustees are responsible for preparing the Annual Report and the financial statements in accordance with applicable law and regulations. Charity law in England and Wales and the royal charter require the trustees to prepare financial statements for each financial year. Under the law, the trustees have elected to prepare the financial statements in accordance with United Kingdom Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law). The financial statements are required by law to give a true and fair view of the state of affairs of the charity and of the surplus or deficit for that period. In preparing those financial statements the trustees are required to:

- select suitable accounting policies and then apply them consistently
- observe the methods and principles of the Charities SORP
- make judgments and estimates that are reasonable and prudent
- follow applicable accounting standards
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the company will continue in operation

The trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the company and enable them to ensure that the financial statements comply with the Charities Act 2011. They are also responsible for safeguarding the assets of the company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees are responsible for the maintenance and integrity of the corporate and financial information included on the company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Jonathan Pearson-Stuttard

Jonathan Pearson-Stuttard (Jun 19, 2023 14:41 GMT+1)

Dr Jonathan Pearson-Stuttard FRSPH FFPH
Chair of Council

Date: 15 June 2023

Opinion

We have audited the financial statements of the Royal Society for Public Health for the year ended 31 December 2022 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 'The Financial Reporting Standard Applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 December 2022, and of its incoming resources and application of resources, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs(UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Charities Act 2011 requires us to report to you if, in our opinion:

- the information given in the Trustees' Annual Report is inconsistent in any material respect with the financial statements; or
- the charity has not kept adequate accounting records; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we required for our audit.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 22, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs (UK) we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the charity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit

evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the charity to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

The objectives of our audit in respect of fraud, are; to identify and assess the risks of material misstatement of the financial statements due to fraud; to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud, through designing and implementing appropriate responses to those assessed risks; and to respond appropriately to instances of fraud or suspected fraud identified during the audit. However, the primary responsibility for the prevention and detection of fraud rests with both management and those charged with governance of the charity.

Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the charity and considered that the most significant are the Charities Act 2011, the Charity SORP, and UK financial reporting standards as issued by the Financial Reporting Council.
- We obtained an understanding of how the charity complies with these requirements by discussions with management and those charged with governance.
- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.
- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.
- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.

There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in the financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

Use of our report

This report is made solely to the charity's trustees, as a body, in accordance with Chapter 3 of Part 8 of the Charities Act 2011. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose.

To the fullest extent permitted by law, we do not accept or assume responsibility to any party other than the charity and charity's trustees as a body, for our audit work, for this report, or for the opinion we have formed.

Moore Kingston Smith LLP
Moore Kingston Smith LLP
Statutory auditor

6th Floor
9 Appold Street
London
EC2A 2AP

Date: 23 June 2023

Moore Kingston Smith LLP is eligible to act as auditor in terms of Section 1212 of the Companies Act 2006.

Royal Society for Public Health

**Statement of Financial Activities
for the year ended 31 December 2022**

			2022	2021
		Unrestricted Funds	Restricted Funds	Total
		£	£	£
Income from:				
Donations and sponsorship		20,000	-	20,000
Charitable activities	3(a)	2,760,893	-	2,760,893
<i>Other trading activities:</i>				
Rental, room hire and other income		225,263	-	225,263
Investments		134,828	3,868	138,696
Total		3,140,984	3,868	3,144,852
Expenditure on:				
Raising funds				
Trading operations		109,701	-	109,701
Charitable activities		2,860,395	28,188	2,888,583
Total	3(b)	2,970,096	28,188	2,998,284
Net income/(expenditure) before gains/(loss) on investments		170,888	(24,320)	146,568
Transfer from Restricted funds		19,152	(19,152)	-
(Loss) on revaluation of freehold property		(482,628)	-	(482,628)
Net loss on investments		(1,417,016)	-	(1,417,016)
Net expenditure		(1,709,604)	(43,472)	(1,753,076)
Net movement in funds		(1,709,604)	(43,472)	(1,753,076)
Reconciliation of funds				
Funds brought forward		13,047,062	198,549	13,245,611
Funds carried forward	12	11,337,458	155,077	11,492,535

The statement of financial activities includes all gains and losses recognised in the year.

Balance Sheet
as at 31 December 2022

		2022	2021
	Note	£	£
Fixed Assets			
Tangible Assets	6	2,174,546	4,166,412
Intangible Assets	7	62,885	75,497
Investments	8	8,795,887	8,306,722
		<u>11,033,318</u>	<u>12,548,631</u>
Current Assets			
Stock		1,230	2,846
Debtors	9	473,575	237,029
Cash at bank and in hand		720,416	1,112,564
		<u>1,195,221</u>	<u>1,352,439</u>
Creditors: amounts falling due within one year	10	(736,004)	(655,459)
Net current assets/(liabilities)		<u>459,217</u>	<u>696,980</u>
Total assets less current liabilities		11,492,535	13,245,611
Net assets		<u>11,492,535</u>	<u>13,245,611</u>
Funds	12		
Restricted funds		155,077	198,549
Unrestricted funds			
General		9,288,111	8,634,451
Designated and revaluation reserve		2,049,347	4,412,611
		<u>11,492,535</u>	<u>13,245,611</u>

These financial statements were approved and authorised for issue by the Council on 15 June 2023 and were signed below on its behalf by;

Jonathan Pearson-Stuttard

Jonathan Pearson-Stuttard (Jun 19, 2023 14:41 GMT+1)

Dr Jonathan Pearson-Stuttard
Chair

Margaret Waterston

Margaret Waterston (Jun 19, 2023 12:58 GMT+1)

Margaret Waterston
Treasurer

Royal Society for Public Health
Statement of Cash Flows
for the year ended 31 December 2022

	2022	2021
	£	£
Cash flows from operating activities (see note below)	(107,681)	37,050
<i>Cash flows from investing activities</i>		
Dividends received	138,696	113,153
Proceeds from sale of other Investments	1,251,424	1,379,346
Purchase of investments	(1,152,158)	(3,141,734)
Addition to investment property	(286,807)	-
Purchase of fixed assets	(235,622)	(27,555)
Net cash (used) by investing activities	(284,467)	(1,676,790)
Cash and cash equivalents at the beginning of the year	1,112,564	2,752,304
Cash and cash equivalents at the end of the year	720,416	1,112,564

Notes to the Cash Flow Statement	2022	2021
Reconciliation of Net Movement in Funds to Net cashflow from operating activities	£	£
Net (expenditure) for the year	(1,753,076)	(316,594)
Depreciation	11,779	7,775
Amortisation	27,053	36,827
Decrease in revaluation reserve	482,628	566,888
Dividends and interest	(138,696)	(113,153)
Net loss/(gain) on investments	1,417,016	(316,136)
(Increase)/decrease in Debtors	(236,546)	57,270
Decrease in stock	1,616	(2,684)
Increase in Creditors	80,545	116,857
	(107,681)	37,050

Analysis of Cash and Cash Equivalents	2022	2021
	£	£
Cash at Bank and in hand	720,416	1,112,564
	720,416	1,112,564

Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2022
Notes to the accounts

1 Accounting policies

Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) - (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102). The Charity meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note(s).

Functional currency and level of rounding

The financial statements are prepared in sterling, which is the functional currency of the charity. Monetary amounts in these financial statements are rounded to the nearest pound.

Going concern

At the end of the year the charity's cash balance was £720,416 and the value of its listed investment portfolio was £5,172,237 at the balance sheet date. This can be drawn down to support operating activities if necessary. Given the charity's level of free reserves available at the year end, the trustees consider that the charitable company has adequate resources to continue in operational existence for the foreseeable future.

Accordingly, the financial statements have been prepared on a going concern basis.

Fund accounting

General funds are unrestricted funds which are available for use at the discretion of the trustees in furtherance of the general objectives of the charity and which have not been designated for other purposes. Designated funds comprise unrestricted funds that have been set aside by the trustees for particular purposes. Restricted funds are funds subject to specific restrictive conditions imposed by donors or by the purpose of the appeal.

Income

All income is included in the SOFA when the charity is legally entitled to the income, it is probable that income will be received and the amount of income receivable can be measured reliably. Income is accounted for on an accruals basis. Part of the income from investments is allocated to the restricted funds and this is calculated at the rate of 1% above the Bank of England's base rate on the average balance of the funds during the year.

Grants relating to revenue are recognised in income on a systematic basis over the periods in which the entity recognises the associated costs for which the grant is intended to compensate. This includes £nil (2021- £3,450) of Government assistance under the Coronavirus Job Retention Scheme (CJRS) relating to staff who were furloughed due to Covid-19.

Expenditure

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregated all costs related to the category.

Support costs, which include the central office functions such as general management, budgeting and accounting, information technology, marketing and financing are allocated across the categories of charitable expenditure, governance costs and the costs of generating funds. The basis of costs allocation has been explained in the note 3 (c).

Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2022

Notes to the accounts – cont'd....

1 Accounting policies cont'd...

Expenditure cont'd..

Governance costs comprise all costs identified as wholly or mainly attributable to ensuring the public accountability of the charity and its compliance with regulation. These costs include external audit and trustee costs. Governance costs are now apportioned on the same basis as support costs.

Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

Charitable activities

Costs of charitable activities comprise all costs identified as wholly or mainly attributable to achieving charitable objects of the charity. These costs include staff costs, wholly or mainly attributable support costs and apportionment of general overheads.

Operating leases

All the operating lease rentals are charged to the income and expenditure account on a straight line basis over the terms of the lease.

Pensions

The RSPH operates a group personal pension scheme with AEGON Scottish Equitable for its employees and this scheme complies with the employer pension duties applicable under Part 1 of the Pensions Act 2008. This is a contributory scheme and the RSPH contributes 10% to Senior Managers and up to 7.5% to all the other employees. The assets of the scheme are held separately from those of the charity in independently administered funds. The pension cost charge represents contributions payable under this arrangement by the RSPH to the funds. The RSPH has no liability other than for the payment of those contributions.

Tangible fixed assets

Tangible fixed assets, except freehold property, are stated at cost less accumulated depreciation. Depreciation is provided so as to write off the cost of tangible fixed assets over their estimated useful lives of:

- Computer hardware - 3 years
- Office equipment - 4 years
- Office furniture - 4 years

The freehold property at 59 Mansell Street, London E1 was acquired by the charity on 27 January 2011 for £3.35million. The charity decided to adopt the policy of revaluation and the premises was valued at £5.75million at 31 December 2022. This property is also split between tangible fixed assets (£2,126,350) and investment properties (£3,623,650) as per the mixed use of the building. The trustees believe that the current valuation reflects the realisable value of the premises under current market conditions.

Intangible fixed assets

Intangible fixed assets are stated at cost less accumulated depreciation. Amortisation is provided

- Software - 5 years

RSPH's policy is to capitalise any of the above items with the value over £500.

Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2022
Notes to the accounts – cont'd...

1 Accounting policies cont'd...

Investments

Investments are valued and carried at market value. Realised and unrealised gains or losses on revaluation are disclosed in the Statement of Financial Activities.

Fixed asset investment properties are revalued annually at open market value.

Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

Cash and Cash Equivalents

Cash and Cash Equivalents includes cash and overdraft balances.

Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

Employee benefits

▪ **Short term benefits**

Short term benefits including holiday pay are recognised as an expense in the period in which the service is received.

▪ **Employee termination benefits**

Termination benefits are accounted for on an accruals basis and in line with FRS 102

Key estimates and judgements

In the Application of the charity's accounting policies, which are described in note 1, the trustees are required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods. The following judgement is considered by the trustees to have most significant effect on amounts recognised in the financial statements:

2 Taxation

As a registered charity, the Society is potentially exempt from taxation on its income and gains falling within s505 Income & Corporation Taxes Act 1988 and s256 Taxation of Chargeable Gains Act 1992 to the extent that these are applied to its charitable purposes. No tax charge has arisen in the year.

Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2022
Notes to the accounts – cont'd....

3 (a) Income - Charitable activities - 2022

	Un-restricted General funds £	Restricted funds £	2022 Total £
Qualifications	851,403	-	851,403
Membership and publishing	768,492	-	768,492
Courses & conferences	279,070	-	279,070
Educational services	494,520	-	494,520
Projects	361,604	-	361,604
Bookshop	5,804	-	5,804
	2,760,893	-	2,760,893

Income - Charitable activities - 2021

	Un-restricted General funds £	Restricted funds £	2021 Total £
Qualifications	705,845	-	705,845
Membership and publishing	788,274	-	788,274
Courses & conferences	262,970	-	262,970
Educational services	363,131	-	363,131
Projects	298,471	96,480	394,951
Bookshop	6,721	-	6,721
	2,425,412	96,480	2,521,892

3 (b) Total Expenditure - 2022

	Direct costs £	Indirect costs £	2022 Total £
<i>Costs of generating funds</i>			
Rental and room hire costs	24,746	45,648	70,394
Investment managers fees	39,307	-	39,307
	64,053	45,648	109,701
<i>Charitable activities</i>			
Qualifications	520,946	268,228	789,174
Membership and publishing	371,981	239,834	611,815
Courses & conferences	255,504	80,992	336,496
Educational services	267,782	115,260	383,042
Projects	338,612	201,416	540,028
Bookshop	7,204	3,072	10,276
Policy and communications	217,752	-	217,752
	1,979,781	908,802	2,888,583
	2,043,834	954,450	2,998,284

Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2022
Notes to the accounts – cont'd....

3 (b) Total Expenditure - 2021

	Direct costs	Indirect costs	2021 Total
	£	£	£
<i>Costs of generating funds</i>			
Rental and room hire costs	24,649	74,487	99,136
Investment managers fees	32,375	-	32,375
	<u>57,024</u>	<u>74,487</u>	<u>131,511</u>
<i>Charitable activities</i>			
Qualifications	459,241	267,715	726,956
Membership and publishing	405,966	237,028	642,994
Courses & conferences	208,422	80,359	288,781
Educational services	250,104	112,851	362,955
Projects	395,704	188,948	584,652
Bookshop	8,182	3,468	11,650
Policy and communications	152,793	-	152,793
	<u>1,880,412</u>	<u>890,369</u>	<u>2,770,781</u>
	<u>1,937,436</u>	<u>964,856</u>	<u>2,902,292</u>

3 (c) Support costs - 2022

	Premises	Other Overheads	2022 Total
	£	£	£
<i>Costs of generating funds</i>			
Rental and room hire income	2,289	43,359	45,648
	<u>2,289</u>	<u>43,359</u>	<u>45,648</u>
<i>Charitable activities</i>			
Qualifications	37,473	230,755	268,228
Membership and publishing	28,548	211,286	239,834
Courses & conferences	7,266	73,725	80,991
Educational services	21,969	93,292	115,262
Projects	51,203	150,213	201,415
Bookshop	1,144	1,928	3,072
	<u>147,603</u>	<u>761,199</u>	<u>908,802</u>
	<u>149,892</u>	<u>804,558</u>	<u>954,450</u>

Support costs - 2021

	Premises	Other Overheads	2021 Total
	£	£	£
<i>Costs of generating funds</i>			
Rental and room hire income	7,284	67,203	74,487
	<u>7,284</u>	<u>67,203</u>	<u>74,487</u>
<i>Charitable activities</i>			
Qualifications	39,969	227,745	267,714
Membership and publishing	29,976	207,052	237,028
Courses & conferences	2,248	78,111	80,359
Educational services	14,988	97,863	112,851
Projects	22,193	166,755	188,948
Bookshop	1,249	2,219	3,468
	<u>110,623</u>	<u>779,746</u>	<u>890,369</u>
	<u>117,908</u>	<u>846,948</u>	<u>964,856</u>

Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2022

Notes to the accounts – cont'd....

3 (c) Support costs cont'd...

Other Overheads;	2022	2021
	£	£
- Overhead staff costs	368,486	425,676
- Marketing and communications	86,774	127,988
- Administrative expenses	316,016	267,964
- Governance	33,282	25,321
	<u>804,558</u>	<u>846,949</u>

Support costs have been allocated on the following basis;

- Premises costs allocated based on the floor space basis occupied by each department.
- Overheads allocated based on turn over basis

3 (d) Governance costs

	2022	2021
	£	£
Audit fees	16,000	15,600
Council meeting expenses	1,386	355
	<u>17,386</u>	<u>15,955</u>

3 (e) Staff costs

	2022	2021
	£	£
Salaries	1,291,637	1,205,200
Social security costs	144,110	128,997
Pension and other benefits	157,564	146,255
Ex-Gratia/redundancy costs	-	37,285
	<u>1,593,311</u>	<u>1,517,737</u>

The average number of employees during the year was:

	2022	2021
	Number	Number
Royal Society for Public Health	35	33
	<u>35</u>	<u>33</u>

The number of employees whose salary and benefit in kind fell within the following scales is as follows:

	2022	2021
	Number	Number restated
£120,001 - £130,000	-	1
£80,001 - £90,000	1	1
£70,001 - £80,000	3	3
£60,001 - £70,000	1	-
	<u>1</u>	<u>-</u>

Key management personnel

Key Management Personnel are the trustees and members of the executive management team. Trustees are not paid any remuneration for their role as members of the Council(Board). The executive management team members are the Chief Executive, Director of Membership & Education, Director of Policy & Communications, Director of Finance & Corporate Resources, Director of Qualifications and Director of National & Regional Programmes. The total employee benefits paid to the executive management team were £494,976 (2021 - £575,920)

Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2022
Notes to the accounts – cont'd....

3 (f) Related parties

Professor Lisa Ackerley, Chairing and speaking at RSPH's courses and conferences, received an Honorarium of £250 (2021 - £300) in accordance with Article 4.3 of the royal charter.

Travelling expenses totalling £912 (2021-£355) were reimbursed to 4 (2021-3) trustees during the year to 31 December 2022.

Trustees liability insurance premium of £3,600 (2021-£3,600) was paid in the period.

4 Operating costs

	2022	2021
	£	£
The deficit is stated after charging:		
- Depreciation charge:	11,779	7,775
- Amortisation charge:	27,053	36,827
- Auditors' remuneration	16,000	15,600

5 Commitments under operating leases

At 31 December 2022 the charity had annual commitments under non-cancellable operating leases as follows:

Operating leases - Equipment	2022	2021
	£	£
- Due within one year	2,912	2,283
- Due within 2 to 5 years	728	381
	<u>3,640</u>	<u>2,664</u>

6 Tangible fixed assets

	Freehold property	Computer hardware	Furniture and office equipment	Total
	£	£	£	£
Cost				
At 1 January 2022	4,159,319	109,893	237,161	4,506,373
Additions in the period	161,977	33,855	19,027	214,859
Revaluation	(476,306)	-	-	(476,306)
Disposals	-	(35,720)	(210,882)	(246,602)
Transfer to Investment property	(1,718,640)	-	-	(1,718,640)
At 31 December 2022	<u>2,126,350</u>	<u>108,028</u>	<u>45,306</u>	<u>2,279,684</u>
Depreciation				
At 1 January 2022	-	103,376	236,585	339,961
Charge for the period	-	10,408	1,371	11,779
Disposals	-	(35,720)	(210,882)	(246,602)
At 31 December 2022	<u>-</u>	<u>78,064</u>	<u>27,074</u>	<u>105,138</u>
Net book value				
At 31 December 2022	<u>2,126,350</u>	<u>29,964</u>	<u>18,232</u>	<u>2,174,546</u>
At 31 December 2021	<u>4,159,319</u>	<u>6,517</u>	<u>576</u>	<u>4,166,412</u>

At 31 December 2022 there were authorised capital commitments of £Nil (2021: £Nil).

6 Tangible fixed assets- cont'd....

Historic cost and the revaluation of freehold property

Historic cost of the freehold property, 59 Mansell Street, was £3.35million. At 31 December 2022, this property was valued at £5.75million by Richard Moss of Cluttons, a registered RICS valuer, which is split between tangible fixed assets (£2,126,350) (as per note 6) and investment properties (£3,623,650) (as above). The trustees believe that this valuation reflects the realisable value of the premises under current market conditions.

7 Intangible fixed assets

	Software	Total
Cost	£	£
At 1 January 2022	151,254	151,254
Additions in the period	14,441	14,441
Disposals	(768)	(768)
At 31 December 2022	164,927	164,927
Depreciation		
At 1 January 2022	75,757	75,757
Charge for the period	27,053	27,053
Disposals	(768)	(768)
At 31 December 2022	102,042	102,042
Net book value		
At 31 December 2022	62,885	62,885
At 31 December 2021	75,497	75,497

At 31 December 2022 there were authorised capital commitments of £Nil (2021: £Nil).

8 Investments

	2022	2021
RSPH investments	£	£
Market Value of Investments on 1 January 2022	8,306,722	6,228,198
Additions	3,157,605	3,141,734
Disposal proceeds	(1,251,424)	(1,379,346)
Net Investment (loss)/ gains	(1,417,016)	316,136
Balance at 31 December 2022	8,795,887	8,306,722
Historic Cost of Investments	5,195,555	5,303,430
All investments are quoted on a registered UK stock exchange.		
Market value as at 31 December:		
Investment properties	3,623,650	2,440,681
UK listed investments	5,172,237	5,866,041
	8,795,887	8,306,722

Investment properties

Historic cost of the freehold property, 59 Mansell Street, was £3.35million. At 31 December 2022, this property was valued at £5.75million by Richard Moss of Cluttons, a registered RICS valuer, which is split between tangible fixed assets (£2,126,350) (as per note 6) and investment properties (£3,623,650) (as above). The trustees believe that this valuation reflects the realisable value of the premises under current market conditions.

Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2022
Notes to the accounts – cont'd....

9 Debtors

	2022	2021
	£	£
Trade debtors	345,142	194,593
Other debtors	74,731	12,607
Prepayments	53,702	29,829
	473,575	237,029

10 Creditors: amounts falling due within one year

	2022	2021
	£	£
Other taxes and social security costs	59,705	32,377
Trade and other creditors	213,343	231,632
Accruals	117,724	189,214
Deferred Income	345,232	202,236
	736,004	655,459

Included within other creditors is an amount of £16,222 (2021: £13,254) of pension contributions to be paid across to scheme.

Deferred income-movements during the year:

	2022	2021
	£	£
Balance at 1 January	202,236	243,763
Amounts released to income in the year	(202,236)	(243,763)
New deferred income in the year	345,232	202,236
Balance at 31 December	345,232	202,236

11 Analysis of net assets - 2022

	General Fund	Designated Fund	Revaluation Reserve	Restricted Fund	2022 Total
	£	£	£	£	£
Tangible fixed assets	1,455,324	-	719,222	-	2,174,546
Intangible fixed assets	62,885	-	-	-	62,885
Investments	7,593,532	-	1,202,355	-	8,795,887
Current assets	912,374	127,770	-	155,077	1,195,221
Liabilities	(736,004)	-	-	-	(736,004)
	9,288,111	127,770	1,921,577	155,077	11,492,535

Analysis of net assets - 2021

	General Fund	Designated Fund	Revaluation Reserve	Restricted Fund	2021 Total
	£	£	£	£	£
Tangible fixed assets	916,412	-	3,250,000	-	4,166,412
Intangible fixed assets	75,497	-	-	-	75,497
Investments	7,744,111	-	562,611	-	8,306,722
Current assets	553,890	600,000	-	198,549	1,352,439
Liabilities	(655,459)	-	-	-	(655,459)
	8,634,451	600,000	3,812,611	198,549	13,245,611

Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2022
Notes to the accounts – cont'd....

12 Funds - 2022	1 Jan 22	Income	Expenditure	Gains, Losses & Transfers	31 Dec 22
	£	£	£	£	£
General fund	8,634,451	3,140,984	(2,970,096)	482,773	9,288,111
Designated funds and revaluation reserve					
Building Fund	600,000	-	-	(472,230)	127,770
Revaluation reserve	3,812,611	-	-	(1,891,034)	1,921,577
	4,412,611	-	-	(2,363,264)	2,049,347
Restricted funds					
Nigel Symonds*	1,146	-	-	(1,146)	-
Harben Trust	83,264	2,081	-	-	85,345
Heggie fund*	60,795	1,264	-	(17,096)	44,963
Thomas Latimer Cleave Memorial	8,157	204	-	-	8,361
Awards fund	12,759	319	-	-	13,078
EMC Wilson Bequest Fund*	910	-	-	(910)	-
Gamble Aware	21,069	-	(21,069)	-	-
Robert Wood Johnson	10,449	-	(7,119)	-	3,330
	198,549	3,868	(28,188)	(19,152)	155,077
Total funds - 2022	13,245,611	3,144,852	(2,998,284)	(1,899,643)	11,492,535

The Charity Commission approved the RSPH resolutions on 30 September 2022 to transfer Nigel Symonds fund and EMC Wilson Bequest fund to General fund. The meeting rooms designated as 'Heggie' rooms were refurbished during the year and £17,096 was transferred from this fund to reimburse costs.

Funds - 2021	1 Jan 21	Income	Expenditure	Gains, Losses & Transfers	31 Dec 21
	£	£	£	£	£
General fund	8,295,583	2,737,998	(2,691,542)	292,412	8,634,451
Designated funds and revaluation reserve					
Building Fund	600,000	-	-	-	600,000
Revaluation reserve	4,355,775	-	-	(543,164)	3,812,611
	4,955,775	-	-	(543,164)	4,412,611
Restricted funds					
Nigel Symonds	1,135	11	-	-	1,146
Harben Trust	82,439	825	-	-	83,264
Heggie fund	60,193	602	-	-	60,795
Thomas Latimer Cleave Memorial	8,076	81	-	-	8,157
Awards fund	12,633	126	-	-	12,759
EMC Wilson Bequest Fund	901	9	-	-	910
Gambling Health Alliance	32,555	96,689	(108,175)	-	21,069
Robert Wood Johnson	112,915	109	(102,575)	-	10,449
	310,847	98,452	(210,750)	-	198,549
Total funds - 2021	13,562,205	2,836,450	(2,902,292)	(250,752)	13,245,611

Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2022
Notes to the accounts – cont'd....

12 Funds continued...

The RSPH has designated certain funds as follows:

Building fund - represents amounts set aside for property refurbishments, repairs and maintenance over the next three years.

Major restricted funds of the RSPH as follows:

Harben Trust fund - represents amounts restricted for the purpose of an annual lectureship "dealing with some subject embodying the results of original research in conjunction with the science of public health".

Heggie fund - represents amounts restricted for the specific purposes of
 (a) the refurbishment and maintenance in perpetuity of 'James Heggie Room' in 28 Portland Place.
 (b) the development of courses and examinations for anatomical pathology technicians.

Thomas Latimer Cleave Memorial fund - represents amounts restricted for the purpose for the advancement of education and in furtherance thereof to provide prizes, awards, scholarships and grants to students of food science subjects.

Awards fund - represents all the individual restricted award funds from the predecessor organisations Royal Institute of Public Health and the Royal Society for the Promotion of Health.

Gamble Aware - represents to establish and run Gambling Health Alliance

Robert Wood Johnson - to support the Health on the High Street campaign in the USA

13 Net cash

	2021	Cash flow	Other	2022
	£'000	movements	movements	£'000
		£'000	£'000	
Cash at bank and in hand	1,112,564	(392,148)	-	720,416
Net cash	1,112,564	(392,148)	-	720,416

14 Lessor

The charity earns rental income by leasing its investment property to tenants under non-cancellable leases.

	2022	2021
	£	£
Within one year	113,000	-
Between two and five years	755,453	-
Total undiscounted lease payments receivable	868,453	-

Royal Society for Public Health

John Snow House
59 Mansell Street
London E1 8AN

RSPH is a registered charity in England and Wales (Reg no. 1125949) and
in Scotland (Reg no. SC040750)

www.rsph.org.uk

Accounts

Annual Report and Financial Statement 2021

Contents

Chair's Welcome	3
Reference and administrative details	4
What we do	5
Protecting and improving the public's health	6
What we achieved	6
Vision	7
Voice	9
Practice	12
2022 and beyond	21
Structure, governance, and management	22
Statement of trustee's responsibilities	26
Independent Auditors' report	27
Statement of financial activities	32
Balance sheet	33
Statement of cash flows	34
Notes to the financial statement	35

Chair's Welcome

Dr Nigel Carter OBE



It seems incredible to think that this marks my last annual review as Chair of Royal Society for Public Health Council. What a challenging three years these have been for everyone.

In 2021, with the global Covid-19 pandemic continuing to affect every aspect of public health, the support, compassion, resilience, and unwavering care of the public health workforce was overwhelming.

The Royal Society for Public Health has risen to the challenges of the pandemic and has successfully adapted to deliver much of its valuable training and qualifications in a more digital way.

We owe a huge debt of thanks to our dedicated staff led by the executive management team who have risen to the challenges of home and hybrid working to deliver adapted services and support the government and other authorities in the fast-changing landscape of public health in a pandemic. We're proud of the resilience and agility that our staff, and our members and supporters have shown. As a result, we have been able to continue providing a wide range of support for public health.

Our **vision** has always been dedication to improving and protecting the public's health. We used our **voice** to support the national vaccination programme and to dispel misinformation. We used our expertise in **practice** to develop new, relevant training and learning tools that are fully accessible remotely in a complex and changing environment.

During the year the trustees and executive team worked to develop an updated strategy for the organisation and this will be launched later in 2022. Trustees also undertook training in Governance to optimise their contribution to the work of the organisation.

I am pleased to welcome our new Chief Executive, William Roberts, who joins us in June and who will lead the charity through the implementation of our new strategy.

We are also nearing completion of a major refurbishment of our headquarters building at John Snow House to provide an updated modern and flexible work environment for all the staff team.

I would also like to thank our trustees who have served the charity admirably with their skills and knowledge and to thank all our members, supporters, partners and centres for their continued dedication and support.

A handwritten signature in black ink, appearing to read 'Nigel Carter', with a long horizontal flourish extending to the right.

Dr Nigel Carter, OBE BDS LDS(RCS)
Chair of Council

Reference and administrative details

Charity No:	1125949 England and Wales SC040750 Scotland
Principal and registered office:	John Snow House 59 Mansell Street London E1 8AN
Trustees:	Members of the Council since 1 January 2021 Dr Nigel Carter Chair Professor Carol Wallace Treasurer Professor Lisa Ackerley Ms Ahmina Akhtar Mr Christopher Clarke to 26 January 2022 Dr Tim Elwell-Sutton Ms Anne Heughan Ms Davinder Jhamat Mr James Morris Dr Jonathan Pearson-Stuttard Ms Wilma Reid Mr Joe Stringer to 17 March 2022 Ms Jill Turner to 15 September 2021 Mr Tony Vickers-Byrne to 31 January 2022 Professor Derek Ward to 24 November 2021
Bankers:	HSBC Bank Wimbledon Branch 5 Wimbledon Hill Road London SW 19 7NF
Auditors:	Moore Kingston Smith LLP Devonshire House 60 Goswell Road London EC1M 7AD
Legal Advisors:	Hempsons 40 Villiers Street London WC2N 6NJ
Investment Advisors:	Rathbones Investment Management Ltd 1 Curzon Street London W1J 5FB

What we do

Established in 1856 and one of the oldest public health charities, Royal Society for Public Health (RSPH) is an independent health charity, operating under Royal Charter, dedicated to improving and protecting the health of the population in the United Kingdom and, increasingly through our international membership, around the world.

Our membership includes thousands of healthcare professionals, food safety specialists, environmental health experts, policy makers, academics, students and many other people from all walks of life, who share one thing in common - caring passionately about protecting the public's health.

To help fund our work - and safeguard our independent voice - we offer a variety of services that contribute in different ways to fulfilling our vision. Whether that involves developing public health programmes across place and local communities, bespoke projects to tackle health inequalities, educating people directly through our qualifications, training in their workplaces or schools, to publishing our respected peer-reviewed journals or by providing accreditation for university modules and training programmes.

Significantly, we are also the UK's leading OFQUAL regulated Qualifications Awarding Organisation in the field of public health. Every day, hundreds of thousands of RSPH qualified professionals fulfil vital roles - quietly and without fanfare - in communities the length and breadth of the country.

Whatever we do, we remain incredibly proud that, over the last 165 years, our work has had a positive and lasting impact on the lives of millions of people. And, as we adapt and evolve to meet the public health challenges of the 21st century, we hope that individuals, businesses, public organisations, academic institutions, and our contacts in the media will work with us to fulfil our vision for public health. And share in our achievements.

Protecting and improving the public's health

What we've achieved



12,687

hours public health learning delivered



11

webinars with 3,514 attendees



67,656 hours of CPD delivered



18% increase in candidates



33 new centres recruited



8 new qualifications developed



704,054 website visits



6,000 + new followers on social media

Vision

In 2021, Royal Society for Public Health (RSPH) continued to strive towards our vision of everyone having the opportunity to optimise their health and wellbeing.

Our resources were focused on two key areas of public health – responding to the pandemic ensuring the public were informed and knew how to optimise their health and wellbeing, and to maintain our level of wide-ranging public health services whilst developing new learning, training, and qualifications to support the government's vaccine programme.

The Community Spirit Level

The Community Spirit Level is part of our programme to act on the wider determinants of health – the political, social, economic, environmental, and cultural factors which shape the conditions in which we are born, grow, live, work and age. This project focused on the role of community spirit and its impact on health and wellbeing.

The communities that we live in, and our social networks have a significant impact on our health and on health inequalities. In more deprived communities, nearly 50% report severe lack of social networks and support, with high levels of chronic loneliness making people who are at greater risk less resilient to the health effects of social and economic disadvantage. There is evidence that a strong community spirit can help address health inequalities.

We produced a 'Community Spirit Level' toolkit and tested it with six communities across the UK. The evidence-based tool can help communities measure and improve their community spirit.

This project explored how community spirit can be raised and improved and the tool provides communities and those working with them - grassroots organisations, anchor institutions, NHS teams and local authorities - with practical, step-by-step guidance and inspiration about how they can reflect on, and improve, community spirit in a systematic way.

Around 1 in 5 people in some of our most deprived areas lack social support.

The work began in 2018 and continued as the COVID-19 pandemic hit. The case studies that feature in the Community Spirit Level demonstrate why community spirit is an essential part of people's lives, particularly for collective resilience in the face of crises such as COVID-19. For example, using the toolkit a community organisation in Sheffield found what they would like to see in the community once the pandemic passes and found that residents appreciated the stronger community relationships built up during the lockdown, and they now have a better idea of how it can be sustained.

RSPH will continue to promote the framework and toolkit with other organisations to help improve community wellbeing as the country moves towards recovery.

<https://www.rsph.org.uk/our-work/programmes/community-spirit-programme.html>

RSPH Awards

Initiated in 2007, the RSPH Health and Wellbeing Awards is now the UK's premier awards scheme for promoting health and wellbeing. We reach out to the many organisations working in the public health sector including NHS, local authorities, charities, businesses, and community groups to recognise and promote best practice in the field. The assessment criteria are based on the principles of the Ottawa Charter for Health Promotion and subsequent international declarations which call for action to achieve 'Health for All'.

“Winning means that as well as being able to fund the ‘Be A Gamechanger’ campaign for another year, we hope to include other Newcastle United supporters with the campaign and increase our reach and impact.”

Ashley Lowe, Health and Wellbeing Manager Newcastle United Foundation, winner Public Mental Health and Wellbeing Award 2021



Public Health Minister's Award

The Public Health Minister's Award recognises and rewards excellence and innovation in public health programmes delivered by organisations across all sectors and in settings such as workplaces, schools, care homes, hospitals, and the community.



Winner 2021

Redthread's Youth Violence Intervention Programme is run in 13 hospitals across London, Birmingham and Nottingham, and provides tailored support for 11–25-year-olds impacted by violence and/or exploitation. Their aim is to integrate healthcare into the community and empower young people to lead healthy, safe, and happy lives.

<https://www.rsph.org.uk/redthread-youth.html>

Voice

Influencing

Health on the High Street, and the health status of Walsall town centre

The regeneration of Walsall's town centre represented an exciting opportunity to not only reinvigorate the local economy, but also to strengthen the town's community spirit and improve the health and wellbeing of resident. We were invited to work with local stakeholders, communities, and public services to identify tangible ways in which the regeneration could serve the public's health.

The project developed a key set of recommendations that supported Walsall Council to make changes to the local economic regeneration plans and public realm investment and 15 recommendations were implemented – some of these are:

- Identify barriers to promote active travel and develop initiatives which address them
- Engage with workplaces to promote active travel
- Launch Beat the Street in Walsall
- Establish a floating garden in canal basin
- Develop a Supplementary Planning Document to improve the healthiness of the businesses of the high street
- Encourage healthier 'out of home' food provision
- Find creative uses for empty shops
- Establish Walsall Community Diagnostic Health Hub
- Develop Walsall Health Champions programme

Financial Health Insecurity

Financial health, understood as a person's ability to manage money, prepare for and recover from financial shocks, have minimal debt, and ability to build wealth, underlies all facets of daily living

such as securing food and paying for housing. Yet there is inconsistency in measurement and definition of this critical concept. Most social determinant research and interventions focus on siloed solutions (housing, food, utilities) rather than on a root solution such as financial health. With minimal public health research on financial health, particularly among low-income populations, this work introduced the construct of financial health into the domain of public health as a useful root term that underlies other individual measures of economic hardship.

Funded by Health Foundation, and working with Citizens Advice, Royal Society for Public Health trialled a small project to help local authorities and NHS develop tools to better understand the prevalence of financial insecurity in specific populations, to enable them to feel more confident about commissioning services that respond to these emerging needs .

Working with Sheffield Council and Hull Council we developed tools to aid decision at a local level, to identify the strategies to be implemented, underpinned by cross sectional, and integrated policy plans at a local level, that help underline the case for national action.

In Sheffield, the project brought together local stakeholders to discuss how existing data sets can overlay intelligence and inform integration of services for certain populations. For example, council data suggests that prevalence of mental health issues is positively correlated with indicators of financial insecurity and that addressing the issue involves better integration of housing, benefits, money and debt advice, and support services in the wider health system, including public health, health and social care, and the NHS.

In Hull, we facilitated the development of Financial Insecurity Network Hull with over 30 local stakeholders, including the local authority and local Councillor Hester Bridges, including training and workforce development as well as data-sharing preferences.

Vaccinations

Encouraging Vaccine uptake

We launched a comprehensive toolkit to support local healthcare services in gaining assurance of, and improving, vaccination services in their area. With sponsorship from RSPH Corporate Member MSD, we engaged with experts, Directors of Public Health, and stakeholders from two local authority areas to produce a series of resources which can be used by public health teams, Integrated Care Systems, Local Pharmaceutical Committees, and Primary Care Networks.

The toolkit includes resources for supporting school-age vaccinations; promoting travel vaccinations; reducing inequalities in coverage; facilitating collaborative working; developing communications and community engagement strategies to increase confidence in vaccinations; and questions to use to gain assurance from providers, and to ensure equitable provision.

The toolkit is now being used at a local level in the UK by MSD's implementation support team and local authority public health teams.

Donald Read, Consultant in Public Health at Cheshire West and Chester Council, said:

“RSPH’s project was a great opportunity to bring together a diverse range of partners to have their say on what could help increase immunisation uptake in our communities, many of whom had probably not had the opportunity to discuss these issues previously.”

Workforce vaccination

We were commissioned by NHS North West to research social care workers’ attitudes and access to flu vaccinations. We did this through a survey and focus groups with social care workers and managers, exploring barriers to receiving the flu vaccination and levels of confidence in its safety, efficacy, and importance. On this basis, we developed a series of policy recommendations to improve the communication and education about, and the delivery of flu vaccinations to this workforce.

Our findings were incorporated into NHS North West’s planning for the annual flu season, and several of our recommendations have been picked up by the DHSC’s Adult Social Care Covid-19 Booster Taskforce.

Covid-19

In July 2021 we initiated and led a roundtable, funded by MSD. Invitees included leaders in vaccination and public health to explore how we can harness the best practise of the Covid-19 Vaccination programme.

The report from this meeting was launched in October 2021 and received positive responses from members, experts and social media.

<https://www.rsph.org.uk/our-work/policy/vaccinations/taking-forward-the-best-practice-from-the-covid-19-vaccination-programme.html>

Throughout autumn and winter of 2021, we were vocal about the need for the government to implement Plan B as cases continued to rise. To this effect we signed a joint letter from the Association of Directors in Public Health and Faculty of Public Health and issued a press statement on the urgent need for Plan B to be instated. We received strong media coverage with pick up on national TV asking for no more “deadly delays”.

Gambling

The Gambling Health Alliance released the findings from polling commissioned to support its response to the Gambling Act Review call for evidence. The poll showed overwhelming public support for gambling reform, which helped make the case for the recommendations submitted in the formal consultation response.

The research featured in the Mail Online and the Evening Standard, and has been instrumental in our ongoing conversations with Department of Health and Social Care and Department for Culture, Media and Sport to maintain momentum and support relationships with the aim of changes to gambling policy.

Member voice

RSPH Members are drawn from all walks of life but share one thing in common - a passion for public health. We have a global membership that works across a wide range of public health sectors including environmental health, food safety, infection control, water safety, occupational health, and medicine. They continue to identify and define our objectives in public health allowing us to amplify their voice with our presence and influence within the sector.

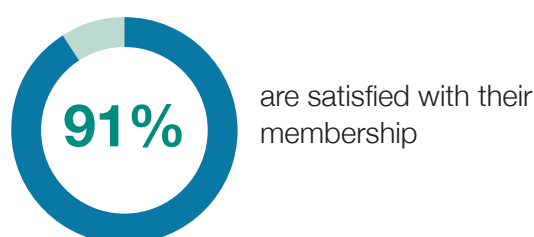
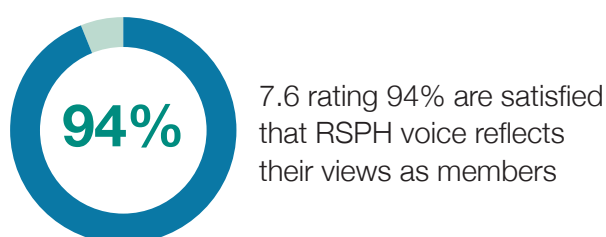
Communication with our membership is key and we effect continuous two-way communication, and we regularly undertake surveys to drive our strategic activities and monitor our membership focus groups and surveys.

“Being a member has both widened and underpinned my public health knowledge and allowed me to network with peers and share ideas, which really helps my work.”

RSPH Member 2021

Member satisfaction

How well do you think RSPH voice reflects your views as a member?



Which four things do you value most about your membership?

1. Post nom letters
2. Regular communications
3. Status of being associated with a professional organisation
4. Journal *Perspectives in Public Health*

All RSPH members play a vital role in helping to protect the public's health and we want to celebrate the great work that they do. In 2021 we initiated a monthly Member Spotlight in the Member Area on our website.

RSPH membership continues to grow and in 2022 we will develop a long-term marketing strategy to both increase our membership and raise awareness of our range of products and services in the wider public health sector.

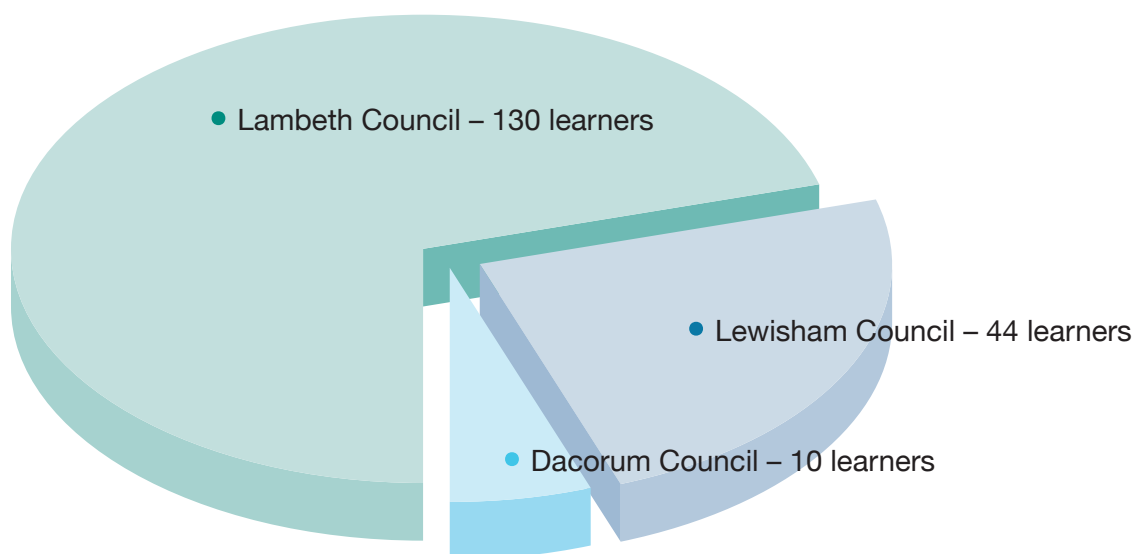
Practice

Vaccination qualification and training

We were commissioned jointly by Lambeth Council and South East London Clinical Commissioning Group to develop and deliver a new qualification – Level 2 Award in Encouraging Vaccination Uptake. The objective to upskill public facing professionals who could have brief conversations with the public about vaccination programmes, in particular COVID-19. This included people working in social care, schools, homelessness support services and refugee support services.

Total number of learners trained: 184

Local authorities we worked with to deliver this training:



We successfully developed and submitted the Award to the Ofqual register of qualifications within just two weeks.

Centres across England subsequently registered to deliver the qualification including Halton Council, Royal Borough of Greenwich, Brighton and Hove City Council, Southern Health NHS Foundation Trust.



“I would wholeheartedly recommend the training”
– Taking the RSPH Level 2 Award in Encouraging
Vaccination Uptake qualification.”

Kathrine Bell, Lambeth Council

Level 2 Award for COVID-19 Young Health Champions

This new Ofqual-regulated qualification was designed to support young people in secondary schools understand the purpose and importance of measures in place to prevent the spread of COVID-19, giving them the tools and education to make informed choices about their health and wellbeing.

This Award builds upon the existing and successful RSPH Level 2 Award for Young Health Champions, that supports young people to develop the skills and knowledge to act as peer health mentors. The Level 2 Award for COVID-19 Young Health Champions uses the same methodology to support learners to build their knowledge of the importance of measures to stop the spread of COVID-19 and to pass this knowledge on effectively to their friends and peers.

Over the course of 2021, over 60 young people were trained as COVID-19 Young Health Champions and contributed directly to the pandemic response within their local communities. This has included in Southampton, where COVID-19 Young Health Champions played a key role in the local authority's Community Champions programme.

We collaborated with University of Southampton to develop the Award, funded by Department of Health and Social Care.



Communities in Charge of Gambling

As part of Gambling Health Alliance, we worked to establish a Communities in Charge of Gambling training programme. This scheme builds on our existing Communities in Charge of Alcohol project but takes the approach to reduce gambling-related harm within communities, through recruitment and training of locally engaged and RSPH accredited 'Gambling Health Champions'.

2021 saw the launch of the Level 2 Award in Tackling Gambling-related Harm, the first Ofqual-regulated qualification available within this area of public health. Our Centers were quick to register and start delivering the qualification, with the Communities in Charge of Gambling training due to be rolled-out in early 2022.

Healthcare Support Worker Access Programme

RSPH was successful in attracting funding from NHS England and NHS Improvement (NHSEI) to design and pilot a pre-employment training programme for individuals with lived experience of homelessness, to support them into employment as Healthcare Support Workers. We worked in partnership with Pathway and Groundswell, two of the leading homelessness support charities operating in the UK, to design and test the training, which includes the RSPH Level 1 Award in Health Improvement.

The programme will be rolled out in 2022, with a session taking place in each of the seven geographical areas in which NHSEI operates.

Courses and conferences (for members and non-members)

Diploma in Occupational Medicine Spring Course	Delivering Online Training via Zoom	Virtual Qualification Introduction - RSPH Level 2 Understanding HACCP (including Meat Industry)
Keeping Healthcare Water Safe - 2021 Challenges	Virtual Qualification Introduction - RSPH Level 2 Award in Food Safety and Hygiene	Level 2 Award in Encouraging Vaccination Uptake Training
Food Fraud and Authenticity	Virtual Qualification Introduction - RSPH Level 2 Identifying and Controlling Food Allergy Risks	Diploma in Occupational Medicine Autumn Course
Virtual Qualification Introduction - RSPH Level 2 Award in Understanding Health Improvement	Virtual Training Support - Top Tips on Building an Engaging Training Session	Crazy About Gin: A sober story from public health history
Total attendees - 368		



“We have been using RSPH online training since September 2019. It’s great to be working with one of the oldest public health charities in the world to deliver reliable e-learning for our team and we value the high quality food safety and hygiene training they provide for us.”

Karen O'Dare, Health & Safety Manager Bourne Leisure

Webinars

Our webinars run throughout the year and take inspiration from latest events and key debates in the public health sector, and the requests of our membership. They cover a range of interesting public health topics with expert speakers and attract attendees internationally.

In addition, in 2021 we produced a series of highly popular RSPH Sparks Debate webinars with speakers including Chief Medical Officer, Professor Chris Whitty, Sir Michael Marmot, Professor Maggie Rae, Richard Sloggett, Dr Jonathan Pearson-Stuttard and Lord Kamlesh Patel.

Webinar	Chair: Speakers
Drawing from Life: Alcohol in the time of Covid-19	Chair and Speakers: Dr Ranjita Dhital and Dr Louise Younie
Living Longer Better	Chair: Graham Rushbrook, Speaker: Sir Muir Gray
Obesity, responding to the silent epidemic	Chair: Graham Rushbrook, Speaker: Stuart King and Prof Paul Gately
Digital Shifts in Behaviour Change	Chair: Graham Rushbrook Speakers: Tim Chadborn and John-Paul Dannon
Methods for diagnosing Legionnaires' disease and typing of clinical and environmental <i>Legionella</i> spp. Isolates	Chair: Dr Diane S J Lindsay, Speakers: Soren Udlum and Dr Vicki Chalker
Considerations for returning plumbing to safe use after it's been chemically contaminated	Chair: Marcus Rink, Speakers: Prof Andrew Whelton
Getting it right: Building Hospital Water Systems Safely	Chair: Mike Weinbren, Speaker: George McCracken
<i>Pseudomonas</i> the new BS 8580-2 – risk assessments in healthcare	Chair: Victoria McKee, Speaker: Dr Susanne Lee
The implications of climate change on water-related infections	Chair: Dr Susanne Lee, Speaker: Prof Gordon Nichols
New British standards on Sampling methods for legionella BS 7592	Chair: Dr Maria Luisa Ricci Speaker: Dr John Lee
Understanding the application of biocides within healthcare water systems	Chair: Sebastian Crespi Speaker: Tim Wafer
Total number attended 3,514	

RSPH Learn

The continuing pandemic and public safety measures implemented by the government meant we needed to bring forward the planned launch of our digital learning platforms proving our ability to change quickly to meet public health training and learning market demands.

RSPH Learn, our learning management system was launched January, followed by the launch of RSPH LearnFree, our free learning portal for the public, in April.

**Total learners
accessing digital
courses: 12,687**

**Number of new
eLearning courses
launched: nine**

New courses:

- MECC for Mental Health (x3 modules)
- Think Brain Health – commissioned by Alzheimer’s Research UK
- RSPH Level 2 Award in Understanding HACCP
- RSPH Level 2 Award in Identifying and Controlling Food Allergy Risks
- Mental Health at Work
- Infection Prevention and Control
- Arts, Culture and Heritage: understanding their complex effects on our health – commissioned by University College London

RSPH uses expertise from across its breadth, and external organisations to develop projects and learning in this area. We are increasingly becoming recognised for delivering solutions for behaviour change regarding health and wellbeing. Last year we worked with clinical commissioning groups, Health Education England, NHS England and Improvement, Mental Health First Aid England amongst others

Soon, we hope to develop training and qualifications to support the government’s Levelling Up policy.



Continuing Professional Development

RSPH provides individuals with CPD points for a range of its training, learning, webinars, conferences and more.

We delivered

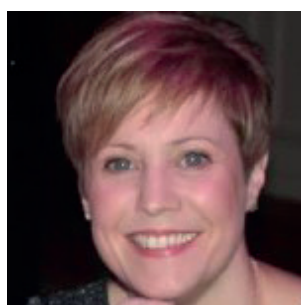
Educational Service	Total CPD hours
ELearning	66,015
Training	1,511
Webinars and events	130
Total	67,656

New CDP courses	No of Members
Mental Health at Work	173
Infection Prevention and Control	41
Total	214

Making Every Contact Count for Mental Health

This mental health promotion programme utilises Make Every Contact Count (MECC) to deliver consistent and concise mental health and wellbeing information and encourages individuals to engage in conversations about their health.

Delivered across the North of England, we developed a training programme and a programme of support to upskill local individuals to act as Lead Trainers (12) and Trainers (95). With the training cascading to 1000 end-users across primary and community care settings in all seven Integrated Care Systems (ICS) areas in 2022.



Beverley Moorhouse,
Dental Education Programme
Manager (North west) at
Health Education England

“Understandably, having a mental health support programme in place for staff has become more important than ever, so staff can get mental health advice and signposting to resources. Our aim is to offer mental health training to an existing member of the team within the dental practice, who will then adopt the mental health and wellbeing champion role.”

RSPH Accreditation

RSPH has operated an accreditation scheme since 1904, helping to improve standards of public health across the nation. Currently this scheme accepts applications for endorsement of training programmes, university modules and health-related campaigns. RSPH accreditation is a mark of high standards of content and design, ensuring programmes meet their aims and provide excellent public health education.

2021 saw RSPH continue to support clients to move classroom-based programmes onto virtual classroom or e-learning formats. Three new organisations also joined the scheme

- Young Gamers and Gamblers Education Trust (YGAM). Their Mindful Resilience training programme aims to build the understanding, skills and capabilities of professionals in addressing gambling and gaming in children and young people.
- NTH Solutions (a subsidiary of North Tees and Hartlepool NHS Foundation Trust and Northumbria Healthcare NHS Foundation Trust). Their training programme “Domestics – Cleaning the NHS Way” provides cleaning staff with a background knowledge about decontamination methods, the chemicals used and the health and safety principles of their work.
- The British Oncology Pharmacy Association (BOPA). Their free e-learning “Let’s Communicate Cancer” provides pharmacy staff with an understanding of the signs and symptoms of cancer, the lifestyle factors that influence the risk of developing cancer, cancer treatments and appropriate referrals for patients with suspected or confirmed malignancy.

“We are thrilled that the “Let’s Communicate Cancer” programme has received accreditation. BOPA is passionate about the role of the pharmacy profession to deliver excellent care to patients with cancer and are delighted that the RSPH has joined us to support our vision”.

Jackie Lewis, Co-creator of Let’s Communicate Cancer programme, and Andy Walker, co-chair of the BOPA community pharmacy group



New Qualifications

Eight new qualifications were developed during 2021. All of these were submitted to the Register of Regulated Qualifications apart from one which is classed as an RSPH Regulated Qualification.

New Qualification development
● RSPH Level 2 Award in Tackling Gambling-related Harms
● RSPH Level 2 Award for Covid-19 Young Health Champions
● RSPH Level 3 Certificate in Health Coaching
● RSPH Level 3 Certificate in Social Prescribing
● RSPH Level 2 Award in Encouraging Vaccination Uptake
● RSPH Level 4 Award for Pre-slaughter inspection of white meat species
● RSPH Level 4 Diploma for Proficiency in Meat Inspection
● RSPH Level 2 Professional Practitioner Award for Initial Washroom Customer Delivery Representatives*

Review of Qualifications

Twenty-one qualifications had their five-year review in 2021 and a further eleven qualifications their mid-term review. All of the qualifications that had a five –year review had their review dates extended.

Centre Assessment Standards Scrutiny Strategy

Ofqual introduced a requirement for all Awarding Organisations that had any assessment or part of an assessment developed or marked by centres to develop a Centre Assessment Standards Scrutiny (CASS) strategy.

The RSPH CASS strategy was developed and introduced in accordance with the timetable set by Ofqual. As well as developing the strategy, which is based on pre-existing external verification procedures, a number of related documents and procedures were amended in order to be consistent with the strategy.

Centre Approvals

During 2021, 33 new Centres were approved. Two Centres were re-approved; 25 additional qualifications for Centres were approved.

Candidate numbers

In 2021 we increased the number of candidates by 18% increasing across all the subjects that RSPH operates in. The increase in candidates for our food safety qualifications was marginal, this area continues to be depressed following the Covid-19 pandemic as it is heavily linked to the hospitality industry.

Journals

We publish three widely respected peer-reviewed journals: *Perspectives in Public Health*, *Public Health* and *Public Health in Practice*

Perspectives in Public Health

Perspectives in Public Health is our bi-monthly peer-reviewed journal and available to all our members

January: Workplace Health and Wellbeing, collection of papers.

March: Physical Activity: wider influences and novel approaches for promotion
Editor Matt Hobbs. Guest Editor Prof Jim McKenna

July: Understanding Loneliness. Guest Editor Alison Iliff

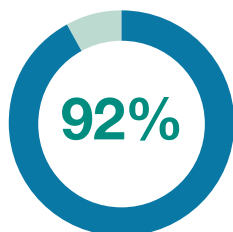
November: Climate Crisis. Guest Editors from Faculty of Public Health

Impact factor 4.940 increased from 4.073 in 2020

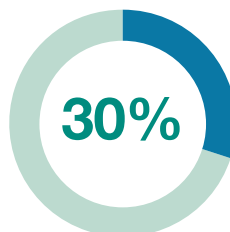
194,575 full-text downloads in 2021

828 manuscript submissions, a 6% increase from 781 in 2020

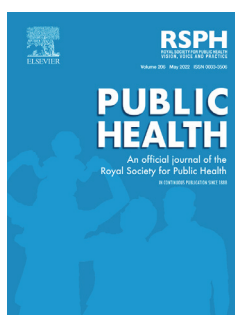
How satisfied are you with PPH?



2021 7.7 average rating
92% are satisfied (scored)
6+/10



30% are extremely satisfied
(scored 10/10)



Public Health

Public Health is our multi-disciplinary monthly peer-reviewed journal and one of the world's oldest on the subject.

1,076,041 downloads in 2021, up from 1,065,126 in 2020

impact factor 2.427 increased from 1.774

3,141 submissions in 2021 compared to 3,803 in 2020

Public Health in Practice

Public Health in Practice is RSPH's newest open access journal. Launched in January 2020, the journal covers a range of public health subjects and is currently accepting submissions.

PHIP had 339,307 downloads in 2021, up from 105,395 in 2020.

458 in 2021 submissions compared to 317 in 2020

2022 and beyond

The year ahead, 2022, is a time of opportunity for RSPH and we have approached it with a new-found vigour, energy and commitment to focus on the public health issues that our members, partners, relevant authorities, and the wider public health workforce ask and need us to.

Strategy

This year will see the launch of RSPH's new strategy taking us from 2022-2025. Following a pandemic that exposed and exacerbated the inequalities and inequities that exist in our societies, this strategy will aim to tackle the greatest challenges faced in public health. There will be a clear focus and delivery through four key pillars of Prevention, Protection, Improvement and Transformation, ensuring that RSPH is best placed to:

- Tackle inequalities exposed and exacerbated through Covid-19.
- Change trajectory for improving UK healthy life expectancy.
- Enabling and creating the conditions and environments that support healthier societies.

We will deliver our ambition through our core principles of enabling, convening, innovating, and being transformative and through this we shall over the next three years:

- **Influence** change to support improvements in healthy life expectancy
- **Champion** prevention, protection, and improvement in public health
- **Increase** uptake of health protection tools, information, and education
- **Be the** voice and ambition for public health and the workforce that deliver it
- **Understand** and increase presence/voice in climate and health

All delivered with an organisation that is:

- **Agile and innovative**, able to adapt to a changing external environment
- **Sustainable** with financial security
- Strong in staff **health** and **wellbeing**

In all that we do we shall keep our values of being bold, innovative, and inclusive at the heart of all that we do.

Funding

RSPH has already embarked on looking at how and where we receive our funds from and how we make our investments. It is our goal for 2022 to develop clearer frameworks and policies for our funding. To this end we will define our approach to Ethical, Social and Corporate Governance, developing a policy that provides a framework on how we can evaluate the organisations total alignment with our social goals. This will include an Ethical Funding Policy through which we will be better able to make decisions on RSPH income and investments.

Engagement

In the coming year we will look to build and expand our stakeholder networks to support strategic delivery. RSPH will continue to be part of and on key issues lead the conversations that will shape the public health landscape as we emerge from Covid-19.

As Integrated Care Systems (ICS) come in to being, we will engage with the ICS leads, government, NHS, local authorities and other commissioning groups, alongside our partners across the third sector and beyond, using our innate ability to convene, listen and communicate with all public health areas and at all levels.

In doing so we shall continue to advocate for and deliver equitable access to the best possible health and wellbeing for all sectors and communities.

Structure, Governance and Management

RSPH is a registered charity in England and Wales (Reg.No 1125949) and in Scotland (Reg. No.SC040750) and governed by a Royal Charter and Bye-Laws dated 30 September 2008 and as amended on 10 February 2016. The direction and management of RSPH and its affairs and business are vested in the RSPH Council. The Council members, as charity trustees are responsible for the RSPH and its property and funds. The Council of the RSPH consists of up to not less than ten and not more than 15 members including the Chair, Vice Chair and Treasurer. Trustees are appointed by the Council to ensure an optimum match of expertise and experience to suit the strategic needs of the charity that exists at any given time. All members of the Council act as trustees of RSPH and have a vote.

New trustees are appointed through a recruitment campaign and occasionally on the basis of recommendation depending on the experiences and skills needed. RSPH members are always notified of Council vacancies and encouraged to apply. New trustees complete an application form and letter and short-listed candidates are interviewed by two or three members of the Nominations and Governance Committee. New trustees are given a formal induction process with senior staff and provided with all the appropriate governance materials including key guidance for trustees from the charity Commission.

The normal term of office for trustees is three years, renewable for a further immediate term of three years. To provide both continuity and engagement of new trustees, one third of the Council is required to stand down each year. New Council members are offered induction meetings with the Chair, Chief Executive, and senior staff of RSPH, and every trustee is offered training opportunities as appropriate.

RSPH reviews its long-term strategy regularly with trustees and the executive management team. It operates three standing sub-committees, 'Audit and Risk', 'Nominations and Governance' and

'Qualifications Governance' to provide support to the Council on issues defined by terms of reference. It also creates task and finish groups to explore specific and timely issues when necessary. The trustees meet four times per year as a full trustee group as well as at the Annual General Meeting

RSPH is managed on a day-to-day basis by an executive management team led by the Chief Executive. To facilitate effective operations, the Chief Executive has delegated authority, within terms of delegation approved by the trustees, for all operational matters including finance and employment. The trustees are listed on page xx of this report.

Key Management Personnel

The Council of trustees and members of the executive management team comprise the key management personnel of the charity in charge of directing and controlling, running and operating the RSPH on a day-to-day basis. All trustees give their time freely and no trustee received remuneration in the year for their responsibilities as part of the Council. The executive management team members are the Chief Executive, Director of Membership and Educational Services, Director of Finance and Corporate Resources, Director of National and Regional Programmes, Director of Qualifications and Director of Policy and Public Affairs.

The pay of the executive management team is reviewed annually and normally increases in accordance with inflation. The charity benchmarks salaries based on the market rates.

Risk Management

The Council has assessed the major risks to which RSPH is exposed, in particular those related to the operations and finances of RSPH and is satisfied that systems are in place to mitigate the exposure to major risks. The trustees have set up an Audit and Risk Committee comprising five trustees to oversee the risk issues. This Committee reports to Council on relevant matters and sets its own agenda for action and is free to consider any matters relating to the health of RSPH, which could have serious deleterious effects or bring RSPH or its work into disrepute. Where appropriate, risks are covered by insurance. A risk register has been set up and is reviewed quarterly by the Council at its meetings.

The following framework is central to ensuring adequate risk assurance:

- regular identification and monitoring of major risks and development of action plans
- a clear structure of delegated authority and control
- regular review of internal control systems
- regular summary reports on risk management to the Council
- regular reports on risk management to the Audit and Risk Committee.

Key risks

- As an Awarding Organisation, RSPH is regulated by OfQual. It is important for RSPH to satisfy the regulatory requirements to maintain the accredited status of its qualifications. The Compliance Manager and other senior staff keep up to date with OfQual guidance on the Regulatory Conditions. This is overseen on a quarterly basis by the Qualification Governance Committee.

- As any organisation, RSPH is also exposed to threats caused by cyber-attack. To mitigate this risk, RSPH updates regularly the 'anti-virus' software which is on every device on our network. In addition to this, RSPH maintains a 'SPAM filter' system which is hosted externally by our IT advisors. We also regularly review the access controls of RSPH computer files by staff members. We have in place a disaster recovery system in which our files are backed up at a remote location as well as on tapes. In an event of data loss, our data can be re-stored within a short period of time.
- Over the last few years, the charity has achieved unprecedented media coverage for its campaigns on key public health issues. This has exposed RSPH to reputational risk. RSPH has established good media relationships and engages in robust research on topics by our dedicated and trained staff. RSPH also engages trustees and other experts in special campaigns.

Reserves Policy

The executive management team has considered RSPH's requirements and established a policy whereby the unrestricted general fund held by RSPH should be approximately twelve months expenditure. The budgeted expenditure for the year is £2.9 million and therefore, the target reserve level is approximately £2.9 million, and the management is confident that at this level they would be able to continue the current activities of RSPH in the event of a significant drop in income.

At the end of the year, the level of unrestricted general funds stood at over £8.6 million. RSPH is currently reviewing its strategic plan for the next three to five years and expected to be completed by late 2022. Once the review is completed part of this unrestricted funds would be allocated to specific designated funds.

Fundraising

Following the implementation of the Charities (Protection and Social Investment) Act 2016, the charity has reviewed its fundraising activities and confirms that it complies with the regulation. The charity did not make use of any external fundraisers. No complaints were received in respect of its fundraising activities.

Objects

The trustees confirm that they have complied with the duty in section 17 of the Charities Act 2011 to have due regard to public benefit guidance published by the Charities Commission in determining the activities undertaken by RSPH.

The objects of RSPH as set out in the Royal Charter are “for the promotion and protection of public health in such ways as are charitable in law”. Through advocacy, mediation, empowerment, knowledge and practice we advise on policy development, provide education and training services, encourage scientific research, disseminate information and good practice.

Financial Review

Funding for RSPH’s work is generated by its core activities in education and training and through the support of specific projects from charitable sources. It is also supported by income from the investment portfolio. Although RSPH continues to experience the effect of the covid pandemic, trustees are pleased with the income for the year compared to the previous year. The total income from all sources has increased by 23% to £2,836,450 (2020- £2,299,971).

Total expenditure for the year has also increased by 8.5% to £2,902,292 (2020- £2,570,253) which includes an expenditure of £210,750 in relation to the restricted funds.

Total net expenditure before gains/(loss) on investments amounted to £65,842 which was 75% better than the net expenditure of £270,282 in 2020. RSPH is pleased with this outcome.

Providing qualifications is one of the main activities of RSPH and this has generated an income of £705,845 which was 31% higher than the previous year’s income of £538,140. The other main activities, membership and publishing, have generated an income of £788,274 for the year, compared to the income of £637,957 in the previous year. Income from projects for the year is £394,951 which is 40% higher than the previous year income. In addition to this, RSPH has also provided other activities such as courses and conferences, educational services, and sold resources, which have generated a combined income of £632,822 for the year.

At 31 December 2021, RSPH received updated advice on the value of its freehold property from a registered RICS valuer and based on this advice, the market value of the property has been reduced by £900,000. This reduction in value is split between tangible fixed assets (£566,888) and investment properties (£333,112).

Overall, RSPH’s net deficit after all the gains and depreciation is £316,594 compared to a net surplus of £2,130,237 in the previous year.

Investment policy and performance

Investments are managed by external managers, Rathbones Investment Management Ltd who have many years' experiences of investment management and are authorised persons within the Financial Services and Markets Act 2000.

RSPH delegates power to Rathbones Investment Management Ltd to use their best endeavours in managing the portfolio within clearly defined policy guidelines. Investments are with corporations who have produced audited accounts in the last five preceding years and trade within the ethical restraints imposed by RSPH.

The investment manager is required to report all transactions within 14 days and submit a comprehensive performance report quarterly. The manager is frequently invited to present his report to the Audit and Risk Committee. RSPH reviews the delegated arrangement with the manager annually. RSPH also undertakes an annual review of its investment objectives which meet the requirements of the Financial Services Authority (FSA).

RSPH's priority is for capital growth with medium income. The portfolio is based on medium risk and may include government and other fixed interest investments and equities. Indirect exposure through UK companies trading internationally is permitted.

During the year, RSPH acquired stocks with a value of £3,141,734 and disposed stocks with the market value of £1,379,346. The market value of the RSPH investment portfolio at the end of the year stood at £5,866,041 (2020-£3,454,405).

Thomas Latimer Cleave Memorial Trust

RSPH administers the above charitable fund which has been registered with the Charity Commission under the number 296180. RSPH is the only trustee of the fund.

Statement of trustees' responsibilities

The trustees are responsible for preparing the Annual Report and the financial statements in accordance with applicable law and regulations. Charity law in England and Wales and the Royal Charter require the trustees to prepare financial statements for each financial year. Under the law the trustees have elected to prepare the financial statements in accordance with United Kingdom Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law). The financial statements are required by law to give a true and fair view of the state of affairs of the charity and of the surplus or deficit for that period. In preparing those financial statements the Trustees are required to:

- select suitable accounting policies and then apply them consistently
- observe the methods and principles of the Charities SORP
- make judgments and estimates that are reasonable and prudent
- follow applicable accounting standards
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the company will continue in operation

The trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the company and enable them to ensure that the financial statements comply with the Charities Act 2011. They are also responsible for safeguarding the assets of the company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees are responsible for the maintenance and integrity of the corporate and financial information included on the company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.



Dr Nigel Carter, OBE BDS LDS(RCS)
Chair of Council

Date: 6 June 2022

Independent auditor's report to the trustees of Royal Society for Public Health

Opinion

We have audited the financial statements of the Royal Society for Public Health for the year ended 31 December 2021 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 'The Financial Reporting Standard Applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as 31 December 2021, and of its incoming resources and application of resources, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Charities Act 2011 requires us to report to you if, in our opinion:

- the information given in the Trustees' Annual Report is inconsistent in any material respect with the financial statements; or
- the charity has not kept adequate accounting records; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we required for our audit.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 26, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs (UK) we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the charity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the charity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures can detect irregularities, including fraud is detailed below.

The objectives of our audit in respect of fraud, are; to identify and assess the risks of material misstatement of the financial statements due to fraud; to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud, through designing and implementing appropriate responses to those assessed risks; and to respond appropriately to instances of fraud or suspected fraud identified during the audit. However, the primary responsibility for the prevention and detection of fraud rests with both management and those charged with governance of the charity.

Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the charity and considered that the most significant are the Charities Act 2011, the Charity SORP, and UK financial reporting standards as issued by the Financial Reporting Council.
- We obtained an understanding of how the charity complies with these requirements by discussions with management and those charged with governance.
- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.
- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.
- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.

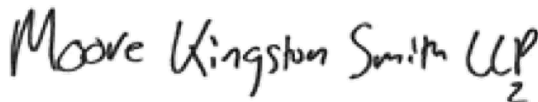
There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in the financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

Use of our report

This report is made solely to the charity's trustees, as a body, in accordance with Chapter 3 of Part 8 of the Charities Act 2011. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to any party other than the charity and charity's trustees as a body, for our audit work, for this report, or for the opinion we have formed.

Moore Kingston Smith LLP
Statutory auditor Devonshire House
60 Goswell Road
London
EC1M 7AD

Signature

A handwritten signature in black ink that reads "Moore Kingston Smith LLP". The signature is written in a cursive, flowing style.

Date: 11 July 2022

Moore Kingston Smith LLP is eligible to act as auditor in terms of Section 1212 of the Companies Act 2006.

Statement of Financial Activities for the year ended 31 December 2021

	Unrestricted Funds £	Restricted Funds £	2021 Total £	2020 Total £
Income from:				
Donations and sponsorship	32,020	-	32,020	83,386
Charitable activities 3(a)	2,425,412	96,480	2,521,892	1,862,762
<i>Other trading activities:</i>				
Rental, room hire and other income	169,385	-	169,385	338,879
Investments	111,181	1,972	113,153	14,944
Total	2,737,998	98,452	2,836,450	2,299,971
Expenditure on:				
Raising funds				
Trading operations	131,511	-	131,511	215,128
Charitable activities	2,560,031	210,750	2,770,781	2,355,125
Total 3(b)	2,691,542	210,750	2,902,292	2,570,253
Net expenditure before gains/(loss) on investments	46,456	(112,298)	(65,842)	(270,282)
Gain on disposal of leasehold property	-	-	-	2,153,615
(Loss)/Gain on revaluation of freehold property	(566,888)	-	(566,888)	150,000
Net gain on investments	316,136	-	316,136	96,904
Net expenditure/surplus	(204,296)	(112,298)	(316,594)	2,130,237
Net movement in funds	(204,296)	(112,298)	(316,594)	2,130,237
Reconciliation of funds				
Funds brought forward	13,251,358	310,847	13,562,205	11,431,968
Funds brought forward 12	13,047,062	198,549	13,245,611	13,562,205

The statement of financial activities includes all gains and losses recognised in the year.

Balance Sheet as of 31 December 2021

	Note	2021 £	2020 £
Fixed Assets			
Tangible Assets	6	4,166,412	4,734,070
Intangible Assets	7	75,497	91,774
Investments	8	8,306,722	6,228,198
		12,548,631	11,054,042
Current Assets			
Stock		2,846	162
Debtors	9	237,029	294,299
Cash at bank and in hand		1,112,564	2,752,304
		1,352,439	3,046,765
Creditors: amounts falling due within one year	10	(655,459)	(538,602)
Net current assets/(liabilities)		696,980	2,508,163
Total assets less current liabilities		13,245,611	13,562,205
Net Assets		13,245,611	13,562,205
Funds	13		
Restricted Funds		198,549	310,847
Unrestricted Funds			
General		8,634,451	8,295,583
Designated and revaluation reserve		4,412,611	4,955,775
		13,245,611	13,562,205

These financial statements were approved and authorised for issue by the Council on 6 June 2022 and were signed below on its behalf by;



Dr Nigel Carter, OBE BDS LDS(RCS)
Chair of Council



Professor Carol Wallace
Treasurer

Statement of Cash Flows for the year ended 31 December 2021

	2021 £	2020 £
Cash flows from operating activities (see note below)	37,050	(23,511)
<i>Cash flows from investing activities</i>		
Dividends received	113,153	14,944
Net sale proceeds on disposal of property	-	9,322,782
Proceeds from sale of other Investments	1,379,346	229,337
Purchase of investments	(3,141,734)	(3,038,722)
Purchase of fixed assets	(27,555)	(110,920)
Net cash provided/(used) by investing activities	(1,676,790)	6,417,421
<i>Cash flows from financing activities</i>		
Repayments of borrowing	-	(3,178,802)
Net cash used in financing activities	-	(3,178,802)
Cash and cash equivalents at the beginning of the year	2,752,304	(462,804)
Cash and cash equivalents at the end of the year	1,112,564	2,752,304

Notes to the Cash Flow Statement

Reconciliation of Net Movement in Funds to Net cashflow from operating activities

	2021 £	2020 £
Net income/(expenditure) for the year	(316,594)	2,130,237
Depreciation	7,775	35,790
Amortisation	36,827	12,110
Increase/(decrease) in revaluation reserve	566,888	(150,000)
Dividends and interest	(113,153)	(14,944)
Net loss/(gain) on disposal of leasehold property	-	(2,153,615)
Net loss/(gain) on investments	(316,136)	(96,904)
Decrease in debtors	57,270	155,273
(Increase)/Decrease in stock	(2,684)	605
Increase in creditors	116,857	57,937
	37,050	(23,511)

Analysis of Cash and Cash Equivalents

	2021 £	2020 £
Cash at bank and in hand	1,112,564	2,752,304
	1,112,564	2,752,304

Report and financial statements for the year ended 31 December 2021

Notes to the accounts

1. Accounting policies

Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) - (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102). The charity meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note(s).

Functional currency and level of rounding

The financial statements are prepared in sterling, which is the functional currency of the charity. Monetary amounts in these financial statements are rounded to the nearest pound.

Going concern

The financial statements are prepared on a going concern basis which assumes the charitable company will continue in operational existence for the foreseeable future. At the end of the year charity's cash balance was £1,112,564 and the value of its listed investment portfolio was £5,866,041 at the balance sheet date. This can be drawn down to support operating activities if necessary. The trustees continue to review the impact of the ongoing Covid-19 pandemic and are satisfied with the performance this year with an increase in the charitable activities turnover of 35% compared to the previous year.

Accordingly the financial statements have been prepared on a going concern basis.

Fund accounting

General funds are unrestricted funds which are available for use at the discretion of the trustees in furtherance of the general objectives of the charity and which have not been designated for other purposes. Designated funds comprise unrestricted funds that have been set aside by the trustees for particular purposes. Restricted funds are funds subject to specific restrictive conditions imposed by donors or by the purpose of the appeal.

Income

All income is included in the SOFA when the charity is legally entitled to the income, it is probable that income will be received and the amount of income receivable can be measured reliably. Income is accounted for on an accruals basis. Part of the income from investments is allocated to the restricted funds and this is calculated at the rate of 1% above the Bank of England's base rate on the average balance of the funds during the year.

Grants relating to revenue are recognised in income on a systematic basis over the periods in which the entity recognises the associated costs for which the grant is intended to compensate. This includes £3,450 (2020- £38,896) of Government assistance under the Coronavirus Job Retention Scheme (CJRS) relating to staff who were furloughed due to Covid-19.

Expenditure

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregated all costs related to the category.

Support costs, which include the central office functions such as general management, budgeting and accounting, information technology, marketing and financing are allocated across the categories of charitable expenditure, governance costs and the costs of generating funds. The basis of costs allocation has been explained in the note 3 (c).

Report and financial statements for the year ended 31 December 2021

Notes to the accounts – cont'd

1. Accounting policies cont'd

Expenditure cont'd

Governance costs comprise all costs identified as wholly or mainly attributable to ensuring the public accountability of the charity and its compliance with regulation. These costs include external audit and trustee costs. Governance costs are now apportioned on the same basis as support costs.

Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

Charitable activities

Costs of charitable activities comprise all costs identified as wholly or mainly attributable to achieving charitable objects of the charity. These costs include staff costs, wholly or mainly attributable support costs and apportionment of general overheads.

Operating leases

All the operating lease rentals are charged to the income and expenditure account on a straight line basis over the terms of the lease.

Pensions

RSPH operates a group personal pension scheme with AEGON Scottish Equitable for its employees and this scheme complies with the employer pension duties applicable under Part 1 of the Pensions Act 2008. This is a contributory scheme and RSPH contributes 10% to Senior Managers and up to 7.5% to all the other employees. The assets of the scheme are held separately from those of the charity in independently administered funds. The pension cost charge represents contributions payable under this arrangement by RSPH to the funds. RSPH has no liability other than for the payment of those contributions.

Tangible fixed assets

All income is included in the SOFA when the tangible fixed assets, except freehold property, are stated at cost less accumulated depreciation. Depreciation is provided so as to write off the cost of tangible fixed assets over their estimated useful lives of:

- Computer hardware - 3 years
- Office equipment - 3 years
- Office furniture - 3 years

The freehold property at 59 Mansell Street, London E1 was acquired by the charity on 27 January 2011 for £3.35million. The charity decided to adopt the policy of revaluation and the premises was valued at £6.6 million at 31 December 2021. This property is also split between tangible fixed assets (£4,159,319) and investment properties (£2,440,681) as per the mixed use of the building. The trustees believe that the current valuation reflects the realisable value of the premises under current market conditions.

Intangible fixed assets

Intangible fixed assets are stated at cost less accumulated depreciation. Amortisation is provided so as to write off the cost of intangible fixed assets over their estimated useful lives of:

- Software - 3 years

RSPH's policy is to capitalise any of the above items with the value over £500.

Investments

Investments are valued and carried at market value. Realised and unrealised gains or losses on revaluation are disclosed in the Statement of Financial Activities.

Fixed asset investment properties are revalued annually at open market value.

Report and financial statements for the year ended 31 December 2021

Notes to the accounts – cont'd

1. Accounting policies cont'd

Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

Cash and Cash Equivalents

Cash and Cash Equivalents includes cash and overdraft balances.

Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

Employee benefits

- Short term benefits

Short term benefits including holiday pay are recognised as an expense in the period in which the service is received.

- Employee termination benefits

Termination benefits are accounted for on an accruals basis and in line with FRS 102

Key estimates and judgements

In the application of the charity's accounting policies, which are described in note 1, the trustees are required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods. The following judgement is considered by the trustees to have most significant effect on amounts recognised in the financial statements:

- The charity's fixed-use freehold property is included in the financial statements at valuation as described in notes 6 and 7 to the financial statements. This is considered to be a critical accounting estimate in view of the amounts involved and the judgements applied in their valuation.

2. Taxation

As a registered charity, RSPH is potentially exempt from taxation on its income and gains falling within s505 Income & Corporation Taxes Act 1988 and s256 Taxation of Chargeable Gains Act 1992 to the extent that these are applied to its charitable purposes. No tax charge has arisen in the year.

Report and financial statements for the year ended 31 December 2021

3. (a)

Income - Charitable activities - 2021

	Un-restricted General funds £	Restricted funds £	2021 Total £
Qualifications	705,845	-	705,845
Membership and publishing	788,274	-	788,274
Courses and conferences	262,970	-	262,970
Educational services	363,131	-	363,131
Projects	298,471	96,480	394,951
Bookshop	6,721	-	6,721
	2,425,412	96,480	2,521,892

Income - Charitable activities - 2020

	Un-restricted General funds £	Restricted funds £	2020 Total £
Qualifications	538,140	-	538,140
Membership and publishing	637,957	-	637,957
Courses and conferences	98,317	-	98,317
Educational services	300,887	-	300,887
Projects	199,929	81,940	281,869
Bookshop	5,592	-	5,592
	1,780,822	81,940	1,862,762

3. (b)

Total Expenditure - 2021

Costs of generating funds

	Direct costs £	Indirect costs £	2021 Total £
Rental and room hire costs	24,649	74,487	99,136
Investment managers fees	32,375	-	32,375

	57,024	74,487	131,511
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Charitable activities

Qualifications	459,241	267,715	726,956
Membership and publishing	405,966	237,028	642,994
Courses and conferences	208,422	80,359	288,781
Educational services	250,104	112,851	362,955
Projects	395,704	188,948	584,652
Bookshop	8,182	3,468	11,650
Policy and communications	152,793	-	152,793

	1,880,412	890,369	2,770,781
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	1,937,436	964,856	2,902,292
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Report and financial statements for the year ended 31 December 2021

3. (b)

Total Expenditure - 2020

	Direct costs £	Indirect costs £	2020 Total £
<i>Costs of generating funds</i>			
Rental and room hire costs	120,972	83,547	204,519
Investment managers fees	10,609	-	10,609
	131,581	83,547	215,128
<i>Charitable activities</i>			
Qualifications	452,130	303,690	755,820
Membership and publishing	362,600	214,663	577,263
Courses and conferences	109,868	86,533	196,401
Educational services	160,131	91,993	252,124
Projects	283,950	156,531	440,481
Bookshop	2,926	5,419	8,345
Policy and communications	124,691	-	124,691
	1,496,296	858,829	2,355,125
	1,627,877	942,376	2,570,253

3. (c)

Support costs - 2021

	Premises £	Other Overheads £	2021 Total £
<i>Costs of generating funds</i>			
Rental and room hire costs	7,284	67,203	74,487
	7,284	67,203	74,487
<i>Charitable activities</i>			
Qualifications	39,969	227,746	267,715
Membership and publishing	29,976	207,052	237,028
Courses and conferences	2,248	78,111	80,359
Educational services	14,988	97,863	112,851
Projects	22,193	166,755	188,948
Bookshop	1,249	2,219	3,468
	110,623	779,746	890,369
	117,907	846,949	964,856

Report and financial statements for the year ended 31 December 2021

3. (c) cont'd

Support costs - 2020

	Premises £	Other Overheads £	2020 Total £
<i>Costs of generating funds</i>			
Rental and room hire costs	13,579	69,968	83,547
	13,579	69,968	83,547
<i>Charitable activities</i>			
Qualifications	38,798	264,892	303,690
Membership and publishing	29,098	185,565	214,663
Courses and conferences	2,182	84,351	86,533
Educational services	14,549	77,444	91,993
Projects	15,761	140,770	156,531
Bookshop	1,212	4,207	5,419
	101,600	757,229	858,829
	115,179	827,197	942,376

Other overheads;

	2021 £	2020 £
Overhead staff costs	425,676	361,078
Marketing and communications	127,988	82,944
Administrative expenses	267,964	315,244
Governance	25,321	15,396
Loan interest and charges	-	52,535
	846,949	827,197

Support costs have been allocated on the following basis;

Premises costs	allocated based on the floor space basis occupied by each department.
Overheads	allocated based on turn over basis

3. (d) Governance costs

	2021 £	2020 £
Audit fees	15,600	15,045
Council meeting expenses	355	351
	15,955	15,396

Report and financial statements for the year ended 31 December 2021

3. (e) Staff costs

	2021 £	2020 £
Salaries	1,205,200	1,189,511
Social security costs	128,997	124,212
Pension and other benefits	146,255	156,706
Ex-Gratia/Redundancy costs	37,285	14,695
	1,517,737	1,485,125

The average number of employees during the year was:

Royal Society of Public Health

2021 Number	2020 Number
33	34
33	34

The number of employees whose salary and benefit in kind fell within the following scales is as follows:

£110,001 - £120,000

£90,001 - £100,000

£70,001 - £80,000

£60,001 - £70,000

2021 Number	2020 Number
1	-
-	1
-	1
2	1

Key management personnel

Key management personnel are the trustees and members of the Executive Management Team. Trustees are not paid any remuneration for their role as members of the Council (Board). The Executive Management Team members are the Chief Executive, Director of Membership and Education, Director of Policy and Public Affairs, Director of Finance and Corporate Resources, Director of Qualifications, Director of National and Regional Programmes and Commercial Director. The total employee benefits paid to the Executive Management Team were £575,920 (2020 - £545,889).

3. (f) Related parties

Professor Lisa Ackerley, chairing and speaking at RSPH courses and conferences, received an Honorarium of £300 (2020 - £650) in accordance with Article 4.3 of the Royal Charter.

Travelling expenses totalling £355 (2020 - £441) were reimbursed to three (2020 - four) trustees during the year to 31 December 2021.

Trustees liability insurance premium of £3,600 (2020 - £7,056) was paid in the period.

4. Operating costs

The deficit is stated after charging:

	2021 £	2020 £
Depreciation charge	7,775	35,790
Amortisation charge	36,827	12,110
Auditors' remuneration	15,600	15,045
Finance costs	-	52,535

Statement of Financial Activities for the year ended 31 December 2021

5. Commitments under operating leases

At 31 December 2021 the charity had annual commitments under non-cancellable operating leases as follows:

	2021 £	2020 £
Operating leases - Equipment		
Due within one year	2,283	5,981
Due within 2 to 5 years	381	2,283
	2,664	8,264

6. Tangible fixed assets

	Freehold property £	Computer hardware £	Furniture and office equipment £	Total £
Cost:				
At 1 January 2021	4,726,207	102,888	237,161	5,066,256
Additions in the period	-	7,005	-	7,005
Revaluation	(566,888)	-	-	(566,888)
At 31 December 2021	4,159,319	109,893	237,161	4,506,373

Depreciation

At 1 January 2021	-	97,042	235,144	332,186
Charge for the period	-	6,334	1,441	7,775
At 31 December 2021	-	103,376	236,585	339,961

Net book value

At 31 December 2021	4,159,319	6,517	576	4,166,412
At 31 December 2020	4,726,207	5,846	2,017	4,734,070

At 31 December 2021 there were authorised capital commitments of £Nil (2020: £Nil).

Historic cost and the revaluation of freehold property

Historic cost of the freehold property, 59 Mansell Street, was £3.35 million. At 31 December 2020, this property was valued at £7.5 million by Richard Moss of Cluttons, a registered RICS valuer. At 31 December 2021, the value is estimated to be £6.6 million, based on updated advice from Richard Moss of Cluttons, which is split between tangible fixed assets (£4,159,319) (as above) and investment properties (£2,440,681) (as per note 8). The trustees believe that this valuation reflects the realisable value of the premises under current market conditions.

Statement of Financial Activities for the year ended 31 December 2021

7. Intangible fixed assets

	Software £	Total £
Cost:		
At 1 January 2021	130,704	130,704
Additions in the period	20,550	20,550
At 31 December 2021	151,254	151,254

Depreciation

At 1 January 2021	38,930	38,930
Charge for the period	36,827	36,827
At 31 December 2021	75,757	75,757

Net book value

At 31 December 2021	75,497	75,497
At 31 December 2020	91,774	91,774

At 31 December 2021 there were authorised capital commitments of £Nil (2020: £Nil).

8. Investments

	2021 £	2020 £
RSPH investment portfolio		
Market value of investments on 1 January 2021	6,228,198	6,086,100
Additions	3,141,734	3,038,722
Disposal proceeds	(1,379,346)	(2,993,528)
Net Investment gains	316,136	96,904
Balance at 31 December 2021	8,306,722	6,228,198
Historic Cost of Investments	5,303,430	3,275,631

All investments are quoted on a registered UK stock exchange.

Market Value at 31 December:	£	£
Investment properties	2,440,681	2,773,793
UK listed investments	5,866,041	3,454,405
	8,306,722	6,228,198

Investment properties

Historic cost of the freehold property, 59 Mansell Street, was £3.35million. At 31 December 2020, this property was valued at £7.5 million by Richard Moss of Cluttons, a registered RICS valuer. At 31 December 2021, the value is estimated to be £6.6 million, based on updated advice from Richard Moss of Cluttons, which is split between tangible fixed assets (£4,159,319) (as per note 6) and investment properties (£2,440,681) (as above). The trustees believe that this valuation reflects the realisable value of the premises under current market conditions.

Report and financial statements for the year ended 31 December 2021

9. Debtors

	2021 £	2020 £
Trade debtors	194,593	178,439
Other debtors	12,607	31,789
Prepayments	29,829	84,071
	237,029	294,299

10. Creditors: amounts falling due within one year

	2021 £	2020 £
Other taxes and social security costs	32,377	51,419
Trade and other creditors	231,632	177,719
Accruals	189,214	65,701
Deferred income	202,236	243,763
	655,459	538,602

Included within other creditors is an amount of £13,254 (2020: £14,832) of pension contributions to be paid across to scheme.

Deferred income-movements during the year:

	2021 £	2020 £
Balance at 1 January	243,763	142,337
Amounts released to income in the year	(243,763)	(142,337)
New deferred income in the year	202,236	243,763
Balance at 31 December	202,236	243,763

Report and financial statements for the year ended 31 December 2021

11. Analysis of net assets - 2021

	General Fund £	Designated Fund £	Revaluation Reserve £	Restricted Fund £	2021 Total £
Tangible fixed assets	916,412	-	3,250,000	-	4,166,412
Intangible fixed assets	75,497	-	-	-	75,497
Investments	7,744,111	-	562,611	-	8,306,722
Current assets	553,890	600,000	-	198,549	1,352,439
Liabilities	(655,459)	-	-	-	(655,459)
	8,634,451	600,000	3,812,611	198,549	13,245,611

12. Analysis of net assets - 2020

	General Fund £	Designated Fund £	Revaluation Reserve £	Restricted Fund £	2020 Total £
Tangible fixed assets	639,545	-	4,094,525	-	4,734,070
Intangible fixed assets	91,774	-	-	-	91,774
Investments	5,966,948	-	261,250	-	6,228,198
Current assets	2,135,918	600,000	-	310,847	3,046,765
Liabilities	(538,602)	-	-	-	(538,602)
	8,295,583	600,000	4,355,775	310,847	13,562,205

Report and financial statements for the year ended 31 December 2021

13. Funds - 2021

	1 Jan 21	Income	Expenditure	Gains, Losses & Transfers	31 Dec 21
	£	£	£	£	£
General fund	8,295,583	2,737,998	(2,691,542)	292,412	8,634,451
Designated funds and revaluation reserve					
Building fund	600,000	-	-	-	600,000
Revaluation reserve	4,355,775	-	-	(543,164)	3,812,611
	4,955,775	-	-	(543,164)	4,412,611
Restricted funds					
Nigel Symonds	1,135	11	-	-	1,146
Harben Trust	82,439	825	-	-	83,264
Heggie fund	60,193	602	-	-	60,795
Thomas Latimer Cleave Memorial Trust	8,076	81	-	-	8,157
Awards fund	12,633	126	-	-	12,759
EMC Wilson Bequest fund	901	9	-	-	910
Gamble Aware	32,555	96,689	(108,175)	-	21,069
Robert Wood Johnson	112,915	109	(102,575)	-	10,449
	310,847	98,452	(210,750)	-	198,549
Total funds - 2021	13,562,205	2,836,450	(2,902,292)	(250,752)	13,245,610

Report and financial statements for the year ended 31 December 2021

Funds - 2020

	1 Jan 20	Income	Expenditure	Gains, Losses & Transfers	31 Dec 20
	£	£	£	£	£
General fund	2,050,612	2,214,923	(2,395,931)	6,425,979	8,295,583
Designated funds and revaluation reserve					
Building fund	133,481	-	(15,420)	481,939	600,000
Revaluation reserve	8,863,173	-	-	(4,507,398)	4,355,775
	8,996,654	-	(15,420)	(4,025,459)	4,955,775
Restricted funds					
Nigel Symonds	1,124	11	-	-	1,135
Harben Trust	81,615	824	-	-	82,439
Heggie fund	59,591	602	-	-	60,193
Thomas Latimer Cleave Memorial Trust	7,995	81	-	-	8,076
Awards fund	12,507	126	-	-	12,633
EMC Wilson Bequest Fund	892	9	-	-	901
Gamble Aware	76,884	82,266	(126,594)	-	32,555
Robert Wood Johnson	144,095	1,129	(32,309)	-	112,915
	384,702	85,048	(158,903)	-	310,847
Total funds - 2021	11,431,968	2,299,971	(2,570,253)	2,400,520	13,562,205

Report and financial statements for the year ended 31 December 2021

14. Funds - continued

RSPH has designated certain funds as follows:

Building fund - represents amounts set aside for property refurbishments, repairs and maintenance over the next three years.

Major restricted funds of RSPH as follows:

Harben Trust fund - represents amounts restricted for the purpose of an annual lectureship “dealing with some subject embodying the results of original research in conjunction with the science of public health”.

Heggie fund - represents amounts restricted for the specific purposes of
(a) the refurbishment and maintenance in perpetuity of ‘James Heggie Room’ in 28 Portland Place.
(b) the development of courses and examinations for anatomical pathology technicians.

Thomas Latimer Cleave Memorial fund - represents amounts restricted for the purpose for the advancement of education and in furtherance thereof to provide prizes, awards, scholarships and grants to students of food science subjects.

Awards fund - represents all the individual restricted award funds from the predecessor or organisations Royal Institute of Public Health and the Royal Society for the Promotion of Health.

Gamble Aware - represents to establish and run Gambling Health Alliance

Robert Wood Johnson - to support the Health on the High Street campaign in the USA

15. Net debt

	2020	Cash flow movements	Other movements	2021
	£'000	£'000	£'000	£'000
Cash at bank and in hand	2,752,304	(1,639,740)	-	1,112,564
Net debt	2,752,304	(1,639,740)	-	1,112,564

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RSPH Incorporated by Royal Charter
Patron: Her Majesty The Queen

Charity Registration 1125949 and SC040750

Accounts

Annual Report & Financial Statements 2020

A year like no other

Contents

Reference and administrative details	2
Chair's introduction	3
Introduction	4
Protecting and improving the public's health by...	
• Responding to the pandemic	6
• Influencing the future of public health	8
• Supporting the workforce to grow stronger	10
• Harnessing the importance of communities	16
• Shining a spotlight on the harms of gambling	20
• Helping partner organisations to spread public health messages	22
• Building foundations for a stronger future	26
Looking forward to 2021 and beyond	28
Structure, governance, and management	30
Statement of trustees' responsibilities	33
Independent auditor's report	34
Statement of financial activities	37
Balance sheet	38
Statement of cash flows	39
Notes to the accounts	40

Reference and administrative details

Charity No:	1125949 SC040750	England & Wales Scotland
Principal and registered office:	John Snow House 59 Mansell Street London E1 8AN	
Trustees:	Members of the Council at 31 December 2020	
	Dr Nigel Carter	- Chair
	Professor Carol Wallace	- Treasurer
	Professor Lisa Ackerley	
	Ms Ahmina Akhtar	
	Mr Christopher Clarke	- from 15 September 2020
	Dr Tim Elwell-Sutton	- from 15 September 2020
	Ms Anne Heughan	
	Ms Dhavinder Jhamat	
	Mr James Morris	
	Dr Jonathan Pearson-Stuttard	
	Mr Vij Randeniya	- to 31 March 2020
	Ms Wilma Reid	
	Mr Joe Stringer	
	Ms Jill Turner	
	Mr Tony Vickers-Byrne	
	Professor Derek Ward	
	Mr Phillip Woodward	- to 10 September 2020
Bankers:	HSBC Bank Wimbledon Branch 5 Wimbledon Hill Road London SW19 7NF	
Auditors:	Moore Kingston Smith LLP Devonshire House 60 Goswell Road London EC1M 7AD	
Legal Advisors:	Hempsons 40 Villiers Street London WCN 6NJ	
Pension Advisors:	Foster Denovo Ruxley House 2 Hamm Moor Lane Addlestone, Surrey KT15 2SA	
Investment Advisors:	Rathbones Investment Management Ltd 1 Curzon Street London, W1J 5FB	



Chair's introduction

Dr Nigel Carter OBE

2020 has been an enormously challenging year for all. We have seen the largest public health crisis in our lifetimes and yet have seen immense support, compassion, responsiveness and skills within our wonderful public health systems and communities.

RSPH is very well placed to support with our insights, programmes and training but also with our role to bring people together and build networks which can help each other. The long term consequences of COVID-19 may not be seen for a number of years but RSPH will continue to work tirelessly to support the prevention of ill health and be the public's voice. I'm delighted to present our Annual Report and Financial Statements for 2020. This document demonstrates the valuable contribution RSPH makes towards optimising health and wellbeing for all.

Looking back at last year's annual report, when we were just entering the start of the COVID-19 pandemic, it strikes me just how far we've come in the last twelve months, both as an organisation and as a wider society.

Now more than ever the role of public health is in the spotlight with communities being more aware of their role within wider population health as well as how to keep themselves and their families protected. The importance of vaccination and robust hygiene measures are just two very striking examples of the way public health and protection have been at the forefront of the work to combat the pandemic. We've also been reminded only too often about the dangers of misinformation and have taken steps to challenge this to ensure messages are credible and accurate. RSPH has been a leading voice in this field over recent years, both in terms of growing understanding of the issue and building awareness.

Closer to home, it's been far from easy for our team who are skilled and passionate, but subject to the same effects of the pandemic as we all have been, and I'm proud to be part of an organisation that has adapted and survived the pandemic so well. There have been challenges, but we've come through them and for this I'd like to send my heartfelt thanks to all our staff and supporters.

Finally, I'd also like to welcome our new CEO, Christina Marriott, who joined us in May 2020, and Dr Jonathan Pearson-Stuttard, who was elected Vice Chair in June 2020. Starting new roles in the middle of a global health crisis can't have been easy, but we're very grateful for the way they've taken up the challenge so swiftly. I'd like to thank all of our members, supporters, partners, centres and staff for helping us to weather the storm of 2020 and to drive our mission forwards.

Introduction

Who we are

We're an independent health charity dedicated to improving and protecting the public's health. We want everyone to have the opportunity to optimise their health and wellbeing.

What we do

We use our position as the independent voice of the public's health to raise awareness of public health issues which matter to communities and to professionals, through our policy and campaigning. We offer specific special programmes and support and enable practice through a broad range of services, including qualifications, accreditation, elearning, partnerships, membership and our range of active interest groups and networks.

2020: A year like no other

The events of 2020 underlined the importance of public health around the world, and the value of our role in providing insights, expertise and support both to professionals and to the wider population at a time when it matters more than ever.

Like many organisations, we felt the impact of the pandemic on our activities, and so we reassessed, adjusted our plans and found innovative ways around the challenges we faced so we could meet the changing needs of our workforce, wider audience and social distancing measures. We continued our work using different mechanisms and heightened our focus on supporting people and amplifying the right voices.





“RSPH has been really proactive with their responses to the changes in the ways of working that we've all had to adopt and the organisation has got involved in interactive activity at such short notice. It is my privilege to be a Fellow of the Royal Society for Public Health.”

**Professor Vinay Kumar Bhardwaj,
Himachal Pradesh Government Dental College and Hospital**

Protecting and improving
the public's health by...

Responding to the pandemic

As the most serious pandemic we've seen in generations took hold in early 2020, a range of public health themes were put in the media spotlight. We focussed on using our unique position as the voice of the public's health to make the greatest impact.

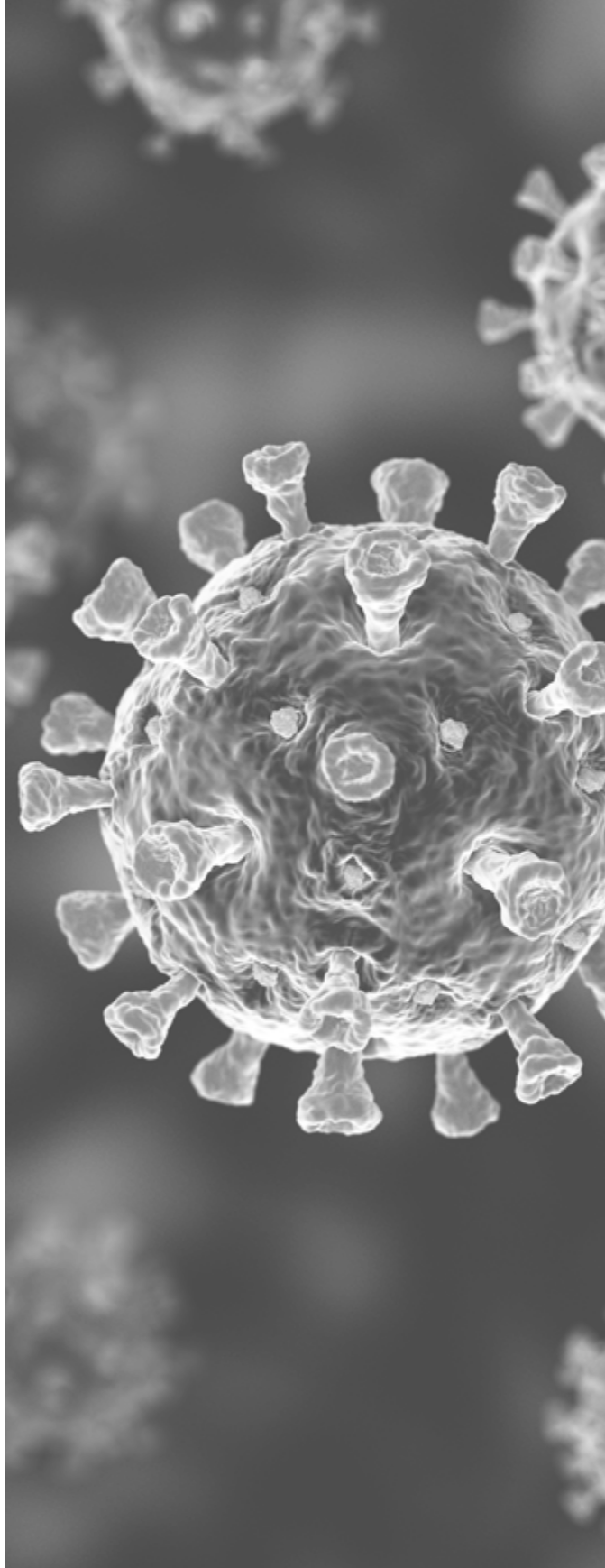
Sparking the debate around vaccine hesitancy and ethnicity

In December 2020 we were the first voice to raise the link between of vaccine hesitancy and ethnicity with the media, putting it firmly on the public agenda. This was a vital piece, not only to protect those people who may have not taken up the vaccine offer but also because of the importance of the vaccine to the population as a whole.

We'd identified the disparities around vaccine hesitancy among ethnic minority groups in a poll we conducted in early December. Having proven ourselves a strong voice on social media disinformation and vaccine hesitancy over recent years, we were ideally placed to champion the issue, raise its profile on the national stage and make sure it stayed there. Vaccines, vaccine hesitancy and dis/misinformation remain an area of interest for us and we will continue to champion and provide opportunities for authoritative and knowledgeable messages, shared from credible sources.

Our news item from 16 December gathered sustained media coverage which extended right through to late January 2021:

- [The Guardian, December 2020.](#)
- [BBC News, December 2020.](#)
- [BBC Radio Shropshire, January 2021.](#)
- [The Guardian, January 2021.](#)



Our poll identified that while 79% of white respondents would be willing to take up vaccination, only 57% of respondents from ethnic minorities felt the same.

We used the detail in our policy paper to spark the national debate around vaccine uptake, which improved the rollout of the vaccination programme. Changes to practice include targeted vaccination centres for specific ethnic minority communities where uptake is low, public information campaigns to reassure and encourage all people of all ethnicities to take up the vaccination, and the NHS starting to record ethnicity at vaccination centres, monitoring uptake as rollout continues.



Impressive 535,000 views for COVID-19 Christmas advice

This year RSPH built a partnership with YouTube to bring authoritative public health messages onto the UK's third largest broadcaster. As the festive season approached, we co-produced a short public information piece explaining how to enjoy the holidays in a COVID-19 safer way. The video ran on YouTube between 23 and 28 December, generating a staggering 535,000 views across just six days – by far our best performance on YouTube to date.



Also in 2020:

- We established our online COVID-19 Hub to provide a single, reliable source of information from RSPH and other trusted organisations. The hub received over 15,800 unique visits from its launch in early April to the end of the year. We continued to update the Hub as the pandemic developed, responding to changing information needs.
- We made sure that we were ready to meet the needs of the new COVID-19 landscape in 2021 by developing new qualifications behind the-scenes, adapting our awards categories and ensuring that ongoing learning from the pandemic is fed into everything we do.
- As anxieties rose early in the first lockdown, our sleep e-learning proved particularly popular. Across the year it received 21% more views than in 2019.

Protecting and improving
the public's health by...

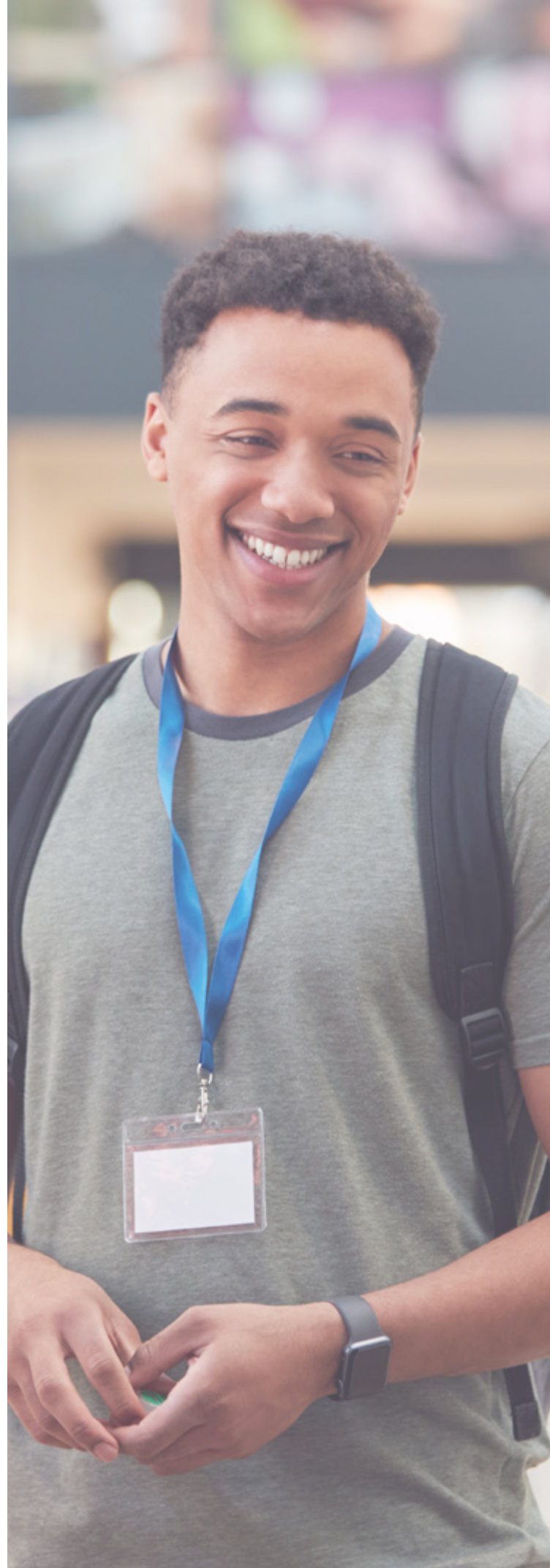
Influencing the future of public health

RSPH has a strong, well-established role as a respected and trusted voice in the world of public health improvement and protection. Our international membership and wider network takes in public health and wider workforce professionals at every stage in their careers.

Influencing the reorganisation of public health protection in England

Since the August 2020 announcement that public health in England would be reorganised, we have been at the heart of the debate. A member of the Department of Health and Social Care (DHSC) Population Health Improvement Stakeholder Advisory Group, we have particularly drawn attention to the breadth of public health functions and to the breadth of the relevant workforces.

CEO Christina Marriott also spoke to media outlets including [BBC Radio 4](#) and [Sky News](#) about the reforms, raising particular concerns over the timing of the changes amid the pandemic.





Inspiring the next generation of public health professionals

By engaging those studying for public health-related qualifications, we can influence and inspire the future generation and embed best practice early in their careers. In 2020 we welcomed new student members from institutions including London Metropolitan University, Wolverhampton University, Bradford University and the University of Essex Online, and acted as an active charity partner for the Healthy Universities Network.

Outstanding speakers attract record numbers of webinar attendees

Our programme of webinars attracted an amazing 8,816 attendees across the year, well over double the number we reached in 2019. They were drawn to our webinar series to hear outstanding speakers including Vicki Shotbolt, founder and CEO of Parent Zone who spoke at our gambling webinar in June; Dr Ginny Moore, Project Team Leader, Water Microbiology PHE Porton who spoke at our water sampling webinar in May; Dr Susanne Lee, Chair of our Water Special Interest Group who spoke at our opening up after COVID-19 webinar in April; and Graham Gardiner, Chief Executive at Age UK Lambeth, who spoke at our behaviour change webinar in June. Our webinars allow individuals to hear from experts, learn about a range of interesting and relevant topics and build their own networks.



Our programme of webinars attracted 8,816 attendees across the year

Protecting and improving
the public's health by...

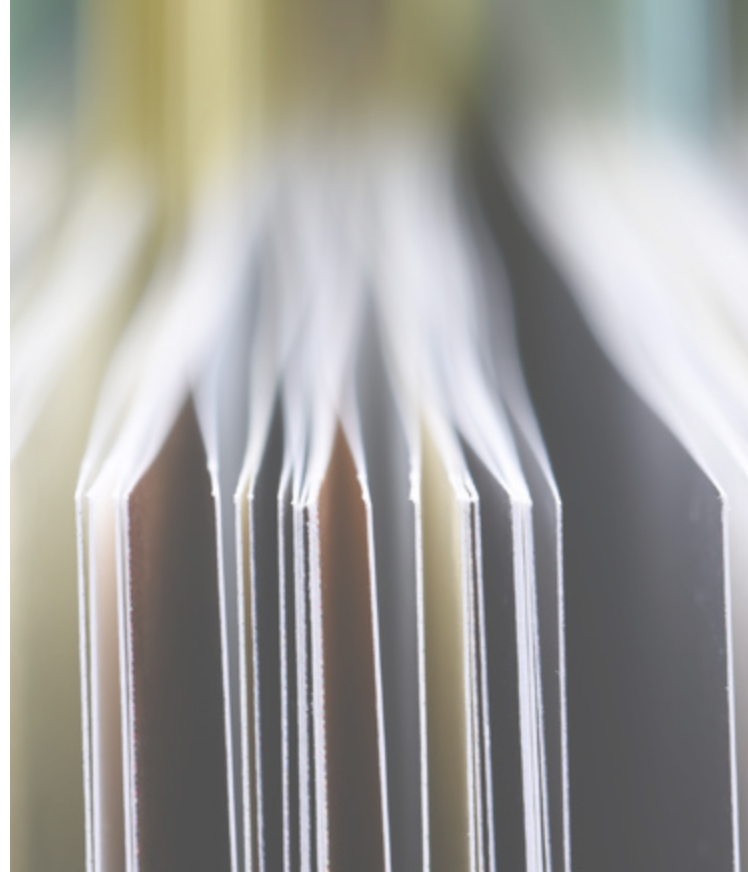
Supporting the workforce to grow stronger

RSPH enables public health professionals and the wider workforce to build their public health knowledge, confidence and skills – and we weren't about to let the pandemic compromise that. We ensured that there was a robust range of training, qualifications and resources to support the workforce throughout the pressures and challenges they faced over the year.

A record-breaking year for our journals

For the first time ever, readers downloaded over one million articles from Public Health over the course of 2020. Submissions to Perspectives in Public Health more than doubled (up by 153%), and the both Public Health and Perspectives in Public Health achieved their highest-ever Impact Factors. In 2020 we published articles on everything from COVID-19 to behaviour change and from physical activity to oral health.

Our journals are growing in the influence they have on research and on thinking in public health. The Impact Factors (the measures for academic influence for a journal) have increased for both Perspectives in Public Health and Public Health this year.



Readers
downloaded
over one million
articles from
Public Health

Article downloads

- **Public Health:** 1,038,238
- **Public Health in Practice:** 105,385 (first full year of publication)
- **Perspectives in Public Health:** 145,875

Impact Factors

Public Health: 1.774
Perspectives in Public Health: 4.073

Keeping assessments going through the pandemic

Running qualifications and assessments through the pandemic has been a challenge nationally and internationally, for all organisations however we successfully adapted our practices and found new ways to support. As a result, over 21,500 candidates took qualifications during the year, despite many centres being closed for a significant amount of that time which is a testament to the dedication of our candidates in furthering their professional development and to our centres in supporting them to do so.

The introduction of eAssessment is also transforming the way learners take qualifications and allowing them to be assessed and invigilated remotely. By investing in eAssessment, we're strengthening the ways we can support learners and centres both during and after the pandemic.



**21,500 candidates
took qualifications in
2020**

“I would just like to congratulate the team at RSPH... The pandemic has been very hard but the support from RSPH allowed me to continue and for learners to progress their knowledge and qualifications. Thank you.”

John Sage, Pest Control Training and Education Group

We've been supporting our centres however we can:

“My experience with RSPH has always been positive, easy and stress-free. I am simply writing to commend you on your excellent management and service culture. Your exam papers are also of a high standard and very much respected. Thank you for your support even at a difficult time. It is very much appreciated.”

**Harriet Simmons, Simmons Training Centre
(Food safety)**

“When the country went into lockdown in March 2020, RSPH responded rapidly to change their processes in order to ensure that we, as an organisation, were still able to deliver essential qualifications to the sector. The 10 system they put in place whereby examination papers could be scanned rather than posted has worked particularly well. We estimate that this new process has improved turnaround time by around 3 weeks which is remarkable....They have moved quickly to develop and introduce eAssessments for centres and we are looking forward to taking advantage of this going forward.”

**Karen Dawes, Training & Development Manager, British
Pest Control Association**

Working with industry: a case study

Our training for Bourne Leisure was built around their safety procedures and systems ensuring that the 4,000 learners could easily translate the training into the real world. The online learning supports them to work safely with food, including the importance of keeping food safe, keeping work areas clean and hygienic, and personal responsibility for food safety and has been rolled out across Bourne Leisure's portfolio, including Butlin's Resorts, Warner Leisure Hotels and Haven Holiday Parks.

“It's great to be working with one of the oldest public health charities in the world to deliver reliable e-learning for our team and we value the high quality food safety and hygiene training they provide for us.”

**Karen O'Dare, Health & Safety Manager,
Bourne Leisure**



Opening up public health placements to allied health professionals

We're embedding public health themes firmly within the training experience of the allied health professionals of the future by giving allied health professional students the opportunity to learn about public health through their training placements.

Harnessing our robust reputation for working with allied health professionals and working in collaboration with Public Health England, Health Education England and the University of Lincoln, the stakeholder insights we've gathered for this project in 2020 will inform the development of a prototype online tool to match students with placements. Watch this space!

Inspiring the health and social care workforce of tomorrow

Our Young Health Champions Programme, already well-established in England, extended its reach in 2020 to welcome organisations in Wales and Northern Ireland for the first time.

Young Health Champions deliver health awareness campaigns and support their peers to maintain and improve their wellbeing. In 2020, at a time when this work has never been more important, almost 200 new Champions took the qualification. The strength of our Young Health Champion model was recognised by the Department of Health and Social Care when they awarded funding to develop our exciting new Level 2 Award for COVID-19 Young Health Champions.

Friends, Families and Travellers: a case study

Friends, Families and Travellers is a national charity that works on behalf of Gypsies, Roma and Travellers, who face the worst health outcomes of any ethnic group in the country. As part of this work, they use the Level 2 Young Health Champions qualification. 2020 saw their second cohort working through the course.



“It has been particularly rewarding to see one of the existing Young Health Champions volunteer to come back and help deliver the qualification to his peers. It shows just how much he values the programme and it is the perfect example of the supportive culture that we need to improve health outcomes for the communities we serve.”

Samson Rattigan BEM, Project Coordinator,
Friends, Families and Travellers

Meet Jessica, Young Health Champion

RSPH's Council was pleased to welcome a Young Health Champion into its ranks this year. Jessica had completed the qualification in 2018 and was co-opted onto the RSPH Council in 2020.

As well as being welcomed by RSPH's council this year, Jessica took part in Public Health England's Every Mind Matters campaign, bringing her perspective to [news coverage](#). She also worked with a youth advisory panel that wrote to the Prime Minister as part of [BiteBack 2030's Feed Britain Better Coalition](#), and helped to launch the Feed Britain Better report nationally in October.

“I think it’s really important that any conversations about young people should include young people’s voices, and that’s why I’ve found my involvement with the RSPH so exciting. I joined as a co-opted member of the RSPH Council, and felt really welcomed by all the members. It’s been really interesting to gain so much insight into how the RSPH works, and to contribute some of my own thoughts in the conversation. I was also so grateful for the opportunity to take part in campaigns like Feed Britain Better and Every Mind Matters as helping to develop these ideas felt like an amazing way to use my voice for good.”

Jessica, Young Health Champion and RSPH Co-opted Council Member





Supporting the health and care workforce to deliver personalised care

We have supported the growing personalised care and social prescribing movements by developing new qualifications for social prescribing and health coaching. We have reports from Bolton NHS Foundation Trust's team of health coaches, who had been some of the first to complete the Level 3 Certificate in Health and Wellbeing Improvement, that this qualification has been core to their pandemic response. They told us that they found the skills they learnt come into their own during the pandemic, as the team was called on to support their local response by contacting patients on primary care vulnerable lists and signposting to local support.

Also in 2020:

- Our e-learning programmes grew their audience by 40% from 2019 to 2020, reaching 22,700 people 2020.
- We continue to expand the qualifications we offer, launching five new qualifications including our Level 4 qualification for oral health professionals

Protecting and improving
the public's health by...

Harnessing the importance of communities

Communities are at the heart of health, so we've been working alongside them to build a community-based approach that harnesses the potential for improving wellbeing.

Exploring Community Spirit

Our programme developed a toolkit to measure how Community Spirit can support wellbeing, how this can be measured and, most importantly, how it can be nurtured. This became even more important as communities became core to the wellbeing challenge of the pandemic.



“Our experience of the COVID-19 pandemic taught us that people are willing and able to act for the benefit of their community, and want to be actively involved in mutual support. Looking to the future we will use the toolkit produced by RSPH and Locality to shape our engagement with stakeholders at all levels, and would strongly encourage other organisations to adopt it for themselves.”

Gareth Johnstone, Chair of Darnall Well Being

“This toolkit from RSPH is a solid, practical framework for people to use to address the unequal way in which community spirit exists in the UK today and the health inequalities that stem from this. It is great to see this important social determinant of health being researched and understood more widely.”

John Hume, CEO of People's Health Trust

Pioneering social investment with the Catalyst Programme

Our pioneering social Catalyst programme has helped to build the resilience of the voluntary, community and social enterprise (VCSE) sector in the West Midlands by offering an alternative source of finance to help grow their services. The social investment programme was delivered in partnership with the Key Fund and was funded by the Esmée Fairbairn Foundation and Connect Fund.

The Catalyst Programme's innovative approach is now mainstreamed. It is embedded in the West Midlands Combined Authority programme for boosting social economy, with the model aligned with the mayor's manifesto for building inclusive communities.

Spotlight on the Key Fund

Our relationship with the Key Fund is set to endure, with the Key Fund planning to embed public health messages in their core activity, as well as prioritising future RSPH Health and Wellbeing Award winners for new and innovative funding opportunities.

“We are incredibly excited about this new partnership with RSPH and the potential of the programme to enable health focussed social enterprises to increase their trading activity, whilst also improving the sustainability of their wider social impacts”

Matt Smith CEO Key Fund







Putting Communities in Charge

Our pioneering Communities in Charge of Alcohol (CICA) approach is a community-centred approach to reducing alcohol harm through evidence based interventions. The programme recruits and trains networks of locally engaged and RSPH accredited 'Alcohol Health Champions' (AHCs) – local residents who learn skills to address issues around alcohol consumption in their communities. They are trained to provide individual level brief advice, information and support and champion local action on alcohol availability, such as through influencing licensing decisions.

The University of Salford has also explored the impact of the CICA programme, identifying and examining [eight themes which influenced the initial implementation phase of the work.](#)

In 2020 we built on this success. Working with local and national partner organisations, we've developed Communities in Charge of Gambling (CICG) and Communities in Charge of Obesity (CICO). Both will roll out in 2021 complete with Level 2 qualifications.

A unique view on financial insecurity

In 2020, our unique combination of data from the Money and Mental Health Institute, National Citizens Advice and local data brought new insights into the financial insecurity in Sheffield, Hull and Hertfordshire.

The project has enabled Hull City Council to galvanise support from 12 local stakeholders and their Health and Wellbeing Board to address financial insecurity in the context of their health inequalities strategy and COVID-19 recovery plans. This involves the development of a True Poverty Commission supported by an alliance of local stakeholders and the Council will be using the financial insecurity local data set in their local strategy.

In Sheffield, the Council and DPH are creating programmes of work around financial insecurity for individuals with psychosis, mental health problems, learning disabilities and those from ethnic minority communities. Led by Sheffield City Council, this work is already showing demonstrable outcomes in the commissioning of new services and partnership working in order to tackle the issue.

Protecting and improving
the public's health by...

Shining a spotlight on the harms of gambling

Our cross-organisational approach to address the harms of gambling reaches every corner of the organisation, from journals to training, policy to programmes. Through the Gambling Health Alliance (GHA), we also bring together organisations and individuals who are interested in taking a policy approach to reducing the damage to health and wellbeing from gambling.

[Michael Sheen speaks on behalf of the Gambling Health Alliance.](#)

Getting ready for the Gambling Act review

Through our leadership of the Gambling Health Alliance, we've built robust links with decision-makers which put us in a strong position to influence the upcoming review of the Gambling Act. As part of these preparations, we published a [position paper](#) late in 2020 summarising the viewpoints of members.

The Gambling Health Alliance also spearheaded the #LidOnLoots campaign to raise the issue of loot boxes in video games, calling for them to be formally recognised as a form of gambling.

[The Telegraph covers the #LidOnLoots campaign.](#)

Taking gambling awareness into communities

As we've already shared, we're designing a new Communities in Charge of Gambling programme which will use the proven community-based model. Designed and developed in 2020, Communities in Charge of Gambling has been commissioned by GambleAware and will pilot in North West England in 2021.

As part of this initiative, we've also worked with experts to develop a new qualification that will give people the skills to support those affected by gambling harms. This Level 2 Award will underpin the rollout of the CICG programme, as well as being added to our standalone qualifications.





Also in 2020:

- We spread knowledge about the harms of gambling through our elearning. 3,300 unique users accessed the Understanding Gambling Harms e-learning in 2020.
- We accredited the Citizen's Advice "Gambling Harms" training programme, which is designed to teach their front line staff and volunteers about the harms caused by problem gambling, as well as where to access help and advice.
- We focused academic interest and further raised the profile of a public health approach to gambling by publishing a special issue of Public Health (Gambling: An emerging public health challenge) in July 2020.

Protecting and improving the public's health by...

Helping partner organisations to spread public health messages

We drive awareness of crucial issues by helping both private and not-for-profit partners to share public health messages with their own audiences. We have a strong track record of working in this way with organisations who have national and global reach to promote important public health messaging.

Championing awareness of dementia and risk reduction

Nearly one million people in the UK live with dementia, but there is still a lot of misunderstanding around the condition. We are supporting Alzheimer's Research UK to change that by raising awareness around both dementia and risk reducing behaviours.

Think Brain Health is a brand new CPD accredited online training course which we developed in 2020. Alzheimer's Research UK is using it to educate both its own teams and its corporate partners.

Making Every Contact Count (MECC) for mental health

This cross-department project will upskill primary and community care professionals to have conversations about mental health. It will train 100 trainers and 1,000 participants across the North of England and is funded by Health Education England North.

Throughout 2020 we have engaged extensively with integrated care systems to understand how best to deliver the initiative and training in a time of COVID19 restrictions. The model has adapted to tap into wider partnerships which tie the health system with the community, third sector organisation services and local authorities with, for example, Link Workers in Greater Manchester being trained to cascade the training to staff within GP practices.

Adding authority to public health initiatives

We use our accreditation to endorse training programmes, campaigns and university modules which contribute to improvements in and maintenance of high standards of hygiene, public health and safety.

An initiative that we've long supported is Lifebuoy's global hand hygiene campaign, and it's a great example of how accreditation can work. Given how important it is to support primary school children to wash their hands well (particularly in 2020), we were really glad we could support [Soaper Heroes](#) as part of our ongoing accreditation of Lifebuoy's work.

LiveWell Dorset: a case study

LiveWell Dorset is a behaviour change service that provides information and advice for adults in Dorset who want to move more, lose weight, stop smoking or drink less alcohol. With the importance of improving our health being thrown into sharp focus by the pandemic, and at a time when frontline health and social care services have been so stretched, programmes like this are more important than ever.

Providing residents with advice and information, LiveWell Dorset signposts to a range of local activities and classes, including one-to-one telephone coaching from a Wellness Coach. More than 23,000 people have accessed LiveWell Dorset to date, and 75% of LiveWell survey respondents had reduced their alcohol consumption. We accredit the LiveWell Dorset workforce development training programmes for those working in the local authority, healthcare and voluntary sectors.



“It is a great accolade for LiveWell Dorset to receive the RSPH accreditation. We are very proud of our training programmes aimed at inspiring and facilitating healthy change to adults across the county. The endorsement assists in promoting the quality of our learning events whilst encouraging change to people across Dorset.”

Emma Rossi, Service Manager, Public Health Dorset

Educating future generations on vaccine hesitancy and misinformation

Recognising the critical relevance of fake news and vaccination hesitancy during the COVID-19 pandemic, we designed a set of educational resources to support secondary school pupils. Sponsored by corporate member MSD, the resources explore the importance of vaccination programmes throughout life, as well as the impact of fake news and how to recognise it.

Also in 2020:

- We recognised the issue of low flu vaccination uptake rates in London and, supported by Sanofi, have worked with experts and health leaders to discover the reasons why. We compared commissioning in high and low performing areas allowing health leaders to learn from best practice. In 2021 we are using what we learnt to inform our responses to, for example, the Health and Care White paper.
- We worked with 22 corporate members, including welcoming new member Pal International.
- We supported industry partners on qualifications, including in pest control, asbestos surveying testing and removal, food safety and hygiene. Despite the pandemic, over 3,800 individuals undertook one of our health protection qualifications in 2020.





Protecting and improving
the public's health by...

Building foundations for a stronger future

We are emerging from the last twelve months as an organisation that is more robust, more accessible to our members, and better able to deliver what our audiences need and want from us in the future.

Adapting and exploring new opportunities

As we had to adapt to the unfolding pandemic, we became ever more versatile and adaptable as an organisation.

We expanded our existing online delivery to include eAssessment, more webinars and an online AGM, as well as activities like the Catalyst Programme shifting their planned delivery online.

We're immensely proud that we've kept the impact of the pandemic on our work to a minimum, and that we've seized the opportunity to explore the wider potential offered by working online.

Online AGM welcomes a growing international audience

Moving the AGM online opened it up to a larger and more international audience and allowed greater engagement than ever before. Given the very clear benefits of online access to the meeting, we'll be continuing with this in the future.

The 2020 AGM saw 93 attendees
from 15 countries.





New systems unlock future potential

Three new systems were introduced in 2020 which will transform the way we engage, interact with and serve our communities:

- Our Learning Management System (LMS) makes it easy for learners to access courses, see their certificates, track their CPD points and book eAssessments.
- Our Customer Relationship Management (CRM) system is opening up new ways for us to engage, listen to, understand, work with and ultimately grow our membership community.
- eAssessment means learners can take qualifications online with remote invigilation and assessment. This was an important part of keeping qualifications available at times that would not have otherwise been possible during the pandemic, and it has been well received by learners and centres alike.

“I thought the system was fantastic and worked really well. I am totally assured and pleased that the system put in place upholds the robustness of invigilation and assessment with the online testing platform working brilliantly.”

RSPH Centre

“The eAssessment was very well organised and well presented... I think the service that you provide at RSPH is amazing. I couldn't praise you all enough for the communication and help you have given me to get started on the Health Improvement Courses. I have found the whole experience with you so enjoyable.”

RSPH Learn and eAssessment candidate

Looking forward to 2021 and beyond

Following the arrival of our new CEO Christina Marriott, 2021 will see the publication of our new strategy for the coming years. Alongside this, we will be focusing on:

Engagement and customer care

Our members, learners, stakeholders and corporate partners, as well as the wider public, are core to our work. We will continue to improve the way we engage and listen so that we continue to learn and improve.

A strong relationship with the evidence

We will be committed to being evidence-led, further developing our ways of balancing academic, professional and lived expertise.

A strategic sense of where we can make the biggest impact

We will target our work on activities to achieve the largest difference in the public's health.

Innovation

We will continually review our work and the way we deliver our services, looking at how we work and what could be done better.



Structure, governance, and management

The Trustees are pleased to present their report together with the financial statements of the Charity for the year ended 31 December 2020. The financial statements have been prepared in accordance with the accounting policies set out in note 1 to the accounts and comply with the charity's Royal Charter, applicable law and the requirements of the Statement of Recommended Practice (SORP) applicable to charities preparing their accounts in accordance with the Financial Reporting Standard in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015).

Structure, governance and management

RSPH is a registered charity in England & Wales (Reg. No. 1125949) and in Scotland (Reg. No. SC040750) and governed by a Royal Charter and Bye-Laws dated 30 September 2008 and as amended on 10 February 2016. The direction and management of RSPH and its affairs and business are vested in the RSPH Council. The Council members, as charity trustees are responsible for the RSPH and its property and funds. The Council of the RSPH consists of up to not less than 10 and not more than 15 members including the Chair, Vice Chair and Treasurer. Trustees are appointed by the Council to ensure an optimum match of expertise and experience to suit the strategic needs of the Charity that exists at any given time. All members of the Council act as trustees of RSPH and have a vote.

New trustees are appointed through a recruitment campaign and occasionally on the basis of recommendation depending on the experiences and skills needed. RSPH members are always notified of Council vacancies and encouraged to apply. New trustees complete an application form and letter and short listed candidates are interviewed by 2 or 3 members of the Nominations and Governance Committee. New trustees are given a formal induction process with senior staff and provided with all the appropriate governance materials including key guidance for trustees from the Charity Commission.

The normal term of office for trustees is three years, renewable for a further immediate term of three years. In order to provide both continuity and engagement of new trustees, up to one third of the Council is required to stand down each year. New Council members are offered induction meetings with the Chair, Chief Executive and senior staff of the RSPH and every trustee is offered training opportunities as appropriate.

RSPH reviews its long term strategy regularly with trustees and the executive management team. It operates three standing sub-committees, 'Audit and Risk', 'Nominations and Governance' and 'Qualifications Governance' to provide support to the Council on issues defined by terms of reference. It also creates task and finish groups to explore specific and timely issues when necessary. The trustees meet four times per year as a full trustee group as well as at the AGM.

RSPH is managed on a day-to-day basis by an Executive Management Team led by the Chief Executive. To facilitate effective operations, the Chief Executive has delegated authority, within terms of delegation approved by the trustees, for all operational matters including finance and employment. *The current trustees are listed on page 2 of this report.*

Key management personnel

The Council of trustees and members of the Executive Management Team comprise the key management personnel of the Charity in charge of directing and controlling, running and operating the RSPH on a day to day basis. All trustees give of their time freely and no trustee received remuneration in the year for their responsibilities as part of the Council.

The Executive Management Team members are the Chief Executive, Director of Membership & Educational Services, Director of External Affairs and Marketing, Director of Finance & Corporate Resources, Director of National and Regional Programmes, and Director of Qualifications.

The pay of the executive management team is reviewed annually and normally increases in accordance with inflation. The Charity benchmarks salaries based on the market rates

Risk management

The Council has assessed the major risks to which the RSPH is exposed, in particular those related to the operations and finances of the RSPH, and is satisfied that systems are in place to mitigate the exposure to major risks. The trustees have set up an Audit and Risk Committee comprising eight trustees to oversee the risk issues. This Committee reports to Council on relevant matters and sets its own agenda for action and is free to consider any matters relating to the health of the RSPH, which could have serious deleterious effects or bring the RSPH or its work into disrepute. Where appropriate, risks are covered by insurance. A risk register has been set up and is reviewed quarterly by the Council at its meetings.

The following framework is central to ensuring adequate risk assurance:

- Regular identification and monitoring of major risks and development of action plans
- A clear structure of delegated authority and control

- Regular review of internal control systems
- Regular summary reports on risk management to the Council
- Regular reports on risk management to the Audit & Risk Committee.

Key risks

- Trustees have considered the potential impacts of Covid-19 including loss of income streams especially from Qualifications. In their opinion, the Charity has adequate resources to sustain any losses as a result of this pandemic.
- As an Awarding Organisation, the RSPH is regulated by the OfQual. It is important for RSPH to satisfy the regulatory requirements to maintain the accredited status of its qualifications. The Compliance Manager and other senior staff keep up to date with OfQual guidance on the Regulatory Conditions. This is overseen on a quarterly basis by the Qualification Governance Committee.
- As any organisation across the world, the RSPH is also exposed to threats caused by cyber-attack. To mitigate this risk, the RSPH updates regularly the 'anti-virus' software which is on every device on our network. In addition to this, RSPH maintains a 'SPAM filter' system which is hosted externally by our IT advisors. We also regularly review the access controls of the RSPH computer files by staff members. We have in place a disaster recovery system in which our files are backed up at a remote location as well as on tapes. In an event of data loss, our data can be re-stored within a short period of time.
- Over the last few years, the Charity has achieved unprecedented media coverage for its campaigns on key public health issues. This has exposed the RSPH to reputational risk. The RSPH has established good media relationships and engages in robust research on topics by our dedicated and trained staff. The RSPH also engages Trustees and other experts in special campaigns.

Reserves policy

The Executive Management Team has considered the RSPH's requirements and established a policy whereby the unrestricted general fund held by the RSPH should be approximately two thirds of the expenditure. The budgeted expenditure for the year is £2.9 million and therefore, the target reserve level is approximately £1.9 million and the management is confident that at this level they would be able to continue the current activities of the RSPH in the event of a significant drop in income. At the end of the year, the level of unrestricted general funds stood at just under £8.3 million, this level being impacted by the disposal of the leasehold building toward the end of the year.

It is the management policy to keep an appropriate sum set aside for any future refurbishment and maintenance works in relation to its freehold property at 59 Mansell Street. It was decided to increase the amount of the designated "Building Fund" to £600,000 which would be adequate for this purpose. It was agreed to review the need for any further designated funds in 2021. The Charity has a few restricted funds and at the end of the year total balance of the funds was £ 310,847. Please refer note 13 of the accounts.

Fundraising

Following the implementation of the Charities (Protection and Social Investment) Act 2016, the Charity has reviewed its fundraising activities and confirms that it complies with the regulation. The Charity did not make use of any external fundraisers. No complaints were received in respect of its fundraising activities.

Objects

The Trustees confirm that they have complied with the duty in section 4 of the Charities Act 2011 to have due regard to public benefit guidance published by the Charities Commission in determining the activities undertaken by the RSPH.

The objects of the RSPH as set out in the Royal Charter are "for the promotion and protection of public health in such ways as are charitable in law". Through advocacy, mediation, empowerment, knowledge and practice we advise on policy development, provide education and training services, encourage scientific research, disseminate information and good practice

Financial review

Funding for RSPH's work is generated by its core activities in education and training and also through the support of specific projects from charitable sources. It is also supported by income from the investment portfolio. Due to the COVID-19 pandemic and lockdown, some of the income areas suffered adversely. The total income from all sources has decreased by 19% to £2,299,971. (2019- £2,850,952).

Total expenditure for the year has also decreased by 18% to £2,570,253 (2019-£3,129,608) which includes an expenditure of £158,903 from restricted funds.

Total net expenditure before gains/ (loss) on investments amounted to £270,282 which was 3% better than the net expenditure of £278,656 in 2019. The Charity is pleased with this outcome despite the adverse effect of COVID19 pandemic on its finances.

Providing qualifications is one of the main activities of the Charity and this was adversely affected by the COVID-19 pandemic. This has generated an income of £538,140 which was significantly lower than its previous year's income of £933,980. The other main activities; membership and publishing have generated an income of £637,957 for the year, compared to the income of £642,812 in the previous year. Income from projects for the year is £281,869 which is 22% lower than the previous year income.

In addition to this, the Charity has also provided other activities such as courses & conferences, accreditations services, training, and sold resources, which have generated a combined income of £404,796 for the year.

The Charity disposed its long leasehold property during the year with a net gain of £2,153,615.

Overall, the Charity's net surplus after all the gains and depreciation is £2,130,237 compared to a net expenditure of £205,601 in the previous year.

Investment policy and performance

Investments are managed by external managers, Rathbones Investment Management Ltd who have many years' experience of investment management and are authorised persons within the Financial Services and Markets Act 2000.

RSPH delegates power to Rathbones Investment Management Ltd to use their best endeavours in managing the portfolio within clearly defined policy guidelines. Investments are with corporations who have produced audited accounts in the last five preceding years and trade within the ethical restraints imposed by RSPH.

The Investment Manager is required to report all transactions within fourteen days and submit a comprehensive performance report quarterly. The Manager is frequently invited to present his report to the Audit & Risk Committee. RSPH reviews the delegated arrangement with the Manager annually. RSPH also undertakes an annual review of its investment objectives which meet the requirements of the Financial Services Authority (FSA).

RSPH's priority is for capital growth with medium income. The portfolio is based on medium risk and may include government and other fixed interest investments and equities. Indirect exposure through UK companies trading internationally is permitted.

During the year, the RSPH transferred £4.7 million cash to the Investment managers for further investment and acquired stocks with a value of £3,038,722 and disposed stocks with the market value of £229,337. The market value of the RSPH investment portfolio at the end of the year stood at £3,454,405 (2019-£548,117).

Thomas Latimer Cleave Memorial Trust

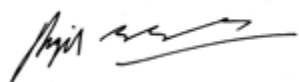
The RSPH administers the above charitable fund which has been registered with the Charity Commission under the number 296180. The RSPH is the only trustee of the fund.

Statement of trustees' responsibilities

The Trustees are responsible for preparing the Annual Report and the financial statements in accordance with applicable law and regulations. Charity law in England and Wales and the Royal Charter require the Trustees to prepare financial statements for each financial year. Under the law the Trustees have elected to prepare the financial statements in accordance with United Kingdom Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law). The financial statements are required by law to give a true and fair view of the state of affairs of the Charity and of the surplus or deficit for that period. In preparing those financial statements the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles of the Charities SORP;
- make judgments and estimates that are reasonable and prudent;
- follow applicable accounting standards, and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the company will continue in operation.

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the company and enable them to ensure that the financial statements comply with the Charities Act 2011. They are also responsible for safeguarding the assets of the company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. The Trustees are responsible for the maintenance and integrity of the corporate and financial information included on the company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.



Dr Nigel Carter
Chair of Council

17 June 2021

Independent auditor's report to the trustees of the Royal Society for Public Health

Opinion

We have audited the financial statements of the Royal Society for Public Health for the year ended 31 December 2020 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 'The Financial Reporting Standard Applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 December 2020, and of its incoming resources and application of resources, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs(UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate. Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the charity's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Charities Act 2011 requires us to report to you if, in our opinion:

- the information given in the Trustees' Annual Report is inconsistent in any material respect with the financial statements; or
- the charity has not kept adequate accounting records; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we required for our audit.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 33, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

The objectives of our audit in respect of fraud, are; to identify and assess the risks of material misstatement of the financial statements due to fraud; to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud, through designing and implementing appropriate responses to those assessed risks; and to respond appropriately to instances of fraud or suspected fraud identified during the audit. However, the primary responsibility for the prevention and detection of fraud rests with both management and those charged with governance of the charity.

Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the charity and considered that the most significant are the Charities Act 2011, the Charity SORP, and UK financial reporting standards as issued by the Financial Reporting Council.
- We obtained an understanding of how the charity complies with these requirements by discussions with management and those charged with governance.
- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.
- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.
- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.

As part of an audit in accordance with ISAs (UK) we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the charity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the charity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Use of our report

This report is made solely to the charity's trustees, as a body, in accordance with Chapter 3 of Part 8 of the Charities Act 2011. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to any party other than the charity and charity's trustees as a body, for our audit work, for this report, or for the opinion we have formed.

Moore Kingston Smith LLP
Statutory auditor Devonshire House
60 Goswell Road
London
EC1M 7AD

Moore Kingston Smith LLP

24 August 2021

Signature/Date:

Moore Kingston Smith LLP is eligible to act as auditor in terms of Section 1212 of the Companies Act 2006

Statement of financial activities

Royal Society for Public Health

Statement of Financial Activities for the year ended 31 December 2020

			2020	2019
	Unrestricted Funds £	Restricted Funds Total £	Total £	£
Income from:				
Donations and Sponsorship	83,386	-	83,386	46,095
Charitable activities 3(a)	1,780,822	81,940	1,862,762	2,433,082
Other trading activities: Rental, room hire and other income	338,879	-	338,879	352,638
Investments	11,836	3,108	14,944	19,137
Total	2,214,923	85,048	2,299,971	2,850,952
Expenditure on:				
Raising funds				
Trading operations	215,128	-	215,128	326,779
Charitable activities	2,196,222	158,903	2,355,125	2,802,829
Total (3b)	2,411,350	158,903	2,570,253	3,129,608
Net expenditure before gains/(loss) on investments & disposals	(196,427)	(73,855)	(270,282)	(278,656)
Gain on disposal of leasehold property	2,153,615	-	2,153,615	-
Gain on revaluation of freehold property	150,000	-	150,000	-
Net gain on investments	96,904	-	96,904	73,055
Net surplus/(expenditure)	2,204,092	(73,855)	2,130,237	(205,601)
Net movement in funds	2,204,092	(73,855)	2,130,237	(205,601)
Reconciliation of funds				
Funds brought forward	11,047,266	384,702	11,431,968	11,637,569
Funds carried forward 12	13,251,358	310,847	13,562,205	11,431,968

The statement of financial activities includes all gains and losses recognised in the year.

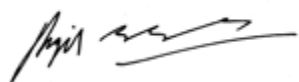
Balance sheet

Royal Society for Public Health

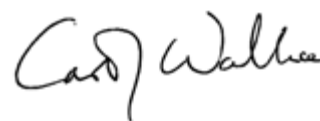
Balance sheet as at 31 December 2020

		2020	2019
Fixed Assets	Note	£	£
Tangible Assets	6	4,734,070	9,017,799
Intangible Assets	7	91,774	-
Investments	8	6,228,198	6,086,100
		11,054,042	15,103,899
Current Assets			
Stock		162	767
Debtors	9	294,299	449,572
Cash at bank and in hand		2,752,304	21,040
		3,046,765	471,379
Creditors: amounts falling due within one year	10	(538,602)	(1,161,215)
Net current assets/(liabilities)		2,508,163	(689,836)
Total assets less current liabilities		13,562,205	14,414,063
Creditors: amounts falling due after more than one year	11	-	(2,982,095)
Net assets		13,562,205	11,431,968
Funds	13		
Restricted funds		310,847	384,702
Unrestricted funds			
General		8,295,583	2,050,612
Designated and revaluation reserve		4,955,775	8,996,654
		13,562,205	11,431,968

These financial statements were approved and authorised for issue by the Council on 17 June 2021 and were signed below on its behalf by;



Dr Nigel Carter
Chair



Professor Carol Wallace
Treasurer

Statement of cash flows

Royal Society for Public Health

Statement of Cash Flows for the year ended 31 December 2020

	2020	2019
	£	£
Cash flows from operating activities (see note below)	(23,511)	(452,519)
Cash flows from investing activities		
Dividends received	14,944	19,137
Net Sale proceeds on disposal of property	9,322,782	-
Proceeds from sale of other Investments	229,337	230,915
Purchase of investments	(3,038,722)	(62,273)
Purchase of fixed assets	(110,920)	(1,112)
Net cash provided/(used) by investing activities	6,417,421	186,667
Cash flows from financing activities		
Repayments of borrowing	(3,178,802)	(200,323)
Net cash used in financing activities	(3,178,802)	(200,323)
Cash and cash equivalents at the beginning of the year	(462,804)	3,371
Cash and cash equivalents at the end of the year	2,752,304	(462,804)
Notes to the Cash Flow Statement	2020	2019
Reconciliation of Net Movement in Funds to Net cashflow from operating activities	£	£
Net income/(expenditure) for the year	2,130,237	(205,601)
Depreciation	35,790	67,121
Amortisation	12,110	-
Increase in revaluation reserve	(150,000)	-
Dividends and interest	(14,944)	(19,137)
Net loss/(gain) on disposal of leasehold property	(2,153,615)	-
Net loss/(gain) on investments	(96,904)	(73,055)
(Increase)/decrease in Debtors	155,273	(40,312)
Decrease in stock	605	2,972
(Decrease)/increase in Creditors	57,937	(184,507)
	(23,511)	(452,519)
	2020	2019
Analysis of Cash and Cash Equivalents	£	£
Cash at Bank and in hand	2,752,304	21,040
Bank overdraft	-	(483,844)
	2,752,304	(462,804)

Notes to the accounts

1 Accounting policies

Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) - (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102). The Charity meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note(s).

Functional currency and level of rounding

The financial statements are prepared in sterling, which is the functional currency of the charity. Monetary amounts in these financial statements are rounded to the nearest pound.

Going concern

The financial statements are prepared on a going concern basis which assumes the charitable company will continue in operational existence for the foreseeable future. During the year the charity disposed of its leasehold premises realising a cash surplus of £5,255,372 and the value of its investment portfolio was £3,454,405 at the balance sheet date. This can be drawn down to support operating activities if necessary. The trustees have reviewed the impact of the ongoing Covid-19 pandemic on the charity's projections and forecasts for a period of at least twelve months from the date of approval of these financial statements and are satisfied that it has sufficient free reserves to meet its liabilities as they fall due during this period.

Accordingly the financial statements have been prepared on a going concern basis.

Fund accounting

General funds are unrestricted funds which are available for use at the discretion of the trustees in furtherance of the general objectives of the charity and which have not been designated for other purposes. Designated funds comprise unrestricted funds that have been set aside by the trustees for particular purposes. Restricted funds are funds subject to specific restrictive conditions imposed by donors or by the purpose of the appeal.

Income

All income is included in the SOFA when the charity is legally entitled to the income, it is probable that income will be received and the amount of income receivable can be measured reliably. Income is accounted for on an accruals basis. Part of the income from investments is allocated to the restricted funds and this is calculated at the rate of 1% above the Bank of England's base rate on the average balance of the funds during the year.

Grants relating to revenue are recognised in income on a systematic basis over the periods in which the entity recognises the associated costs for which the grant is intended to compensate. This includes £38,896 of Government assistance under the Coronavirus Job Retention Scheme (CJRS) relating to staff who were furloughed due to Covid-19.

Expenditure

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregated all costs related to the category.

Support costs, which include the central office functions such as general management, budgeting and accounting, information technology, marketing and financing are allocated across the categories of charitable expenditure, governance costs and the costs of generating funds. The basis of costs allocation has been explained in the note 3 (c).

Governance costs comprise all costs identified as wholly or mainly attributable to ensuring the public accountability of the charity and its compliance with regulation. These costs include external audit and trustee costs. Governance costs are now apportioned on the same basis as support costs.

Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

Charitable activities

Costs of charitable activities comprise all costs identified as wholly or mainly attributable to achieving charitable objects of the charity. These costs include staff costs, wholly or mainly attributable support costs and apportionment of general overheads.

Operating leases

All the operating lease rentals are charged to the income and expenditure account on a straight line basis over the terms of the lease.

Pensions

The RSPH operates a group personal pension scheme with AEGON Scottish Equitable for its employees and this scheme complies with the employer pension duties applicable under Part 1 of the Pensions Act 2008. This is a contributory scheme and the RSPH contributes 10% to Senior Managers and up to 7.5% to all the other employees. The assets of the scheme are held separately from those of the charity in independently administered funds. The pension cost charge represents contributions payable under this arrangement by the RSPH to the funds. The RSPH has no liability other than for the payment of those contributions.

Tangible fixed assets

Tangible fixed assets, except freehold property, are stated at cost less accumulated depreciation. Depreciation is provided so as to write off the cost of tangible fixed assets over their estimated useful lives of:

- Computer hardware - 3 years
- Office equipment - 3 years
- Office furniture - 3 years
- Long leasehold property - disposed during the year

The lease on the property at 28 Portland Place expires in the year 2131. Historic cost of the property is £2,619,065 and the property was revalued at £6.5 million at 31 December 2014. The property is mixed-use, with a portion deemed to be tangible fixed assets and a portion deemed to be investment property. The Trustees decided to keep the element of the £6.5 million valuation at 31 December 2014 that related to tangible fixed assets, being £4,570,756, as the deemed cost of the building as permitted on transition to FRS102 for depreciation purposes. This property was disposed during the year.

The freehold property at 59 Mansell Street, London E1 was acquired by Charity on 27 January 2011 for £3.35million. The Charity decided to adopt the policy of revaluation and the premises was valued at £7.5 million at 31 December 2020. This property is also split between tangible fixed assets (£4,726,207) and investment properties (£2,773,293) as per the mixed use of the building. The trustees believe that the current valuation reflects the realisable value of the premises under current market conditions.

Intangible fixed assets

Intangible fixed assets are stated at cost less accumulated depreciation. Depreciation is provided so as to write off the cost of intangible fixed assets over their estimated useful lives of:

- Software - 3 years

RSPH's policy is to capitalise any of the above items with the value over £500.

Investments

Investments are valued and carried at market value. Realised and unrealised gains or losses on revaluation are disclosed in the Statement of Financial Activities.

Fixed asset investment properties are revalued annually at open market value.

Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

Cash and Cash Equivalents

Cash and Cash Equivalents includes cash and overdraft balances.

Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any

trade discounts due.

Employee benefits

- Short term benefits

Short term benefits including holiday pay are recognised as an expense in the period in which the service is received.

- Employee termination benefits

Termination benefits are accounted for on an accruals basis and in line with FRS 102.

2 Taxation

As a registered charity, the Society is potentially exempt from taxation on its income and gains falling within s505 Income & Corporation Taxes Act 1988 and s256 Taxation of Chargeable Gains Act 1992 to the extent that these are applied to its charitable purposes. No tax charge has arisen in the year.

3(a) Income

Income - Charitable activities - 2020	Un-restricted General funds £	Restricted funds £	2020 Total £
Qualifications	538,140	-	538,140
Membership and publishing	637,957	-	637,957
Courses & conferences	98,317	-	98,317
Educational services	300,887	-	300,887
Projects	199,929	81,940	281,869
Bookshop	5,592	-	5,592
	1,780,822	81,940	1,862,762
Income - Charitable activities - 2019	Un-restricted General funds £	Restricted funds £	2019 Total £
Qualifications	933,980	-	933,980
Membership and publishing	642,812	-	642,812
Courses & conferences	286,098	-	286,098
Educational services	189,893	-	189,893
Projects	273,545	89,640	363,185
Bookshop	17,114	-	17,114
	2,343,442	89,640	2,433,082

3(b) Total expenditure

Total Expenditure - 2020	Direct costs £	Indirect costs £	2020 Total £
Cost of generating funds			
Rental and room hire costs	120,972	83,547	204,519
Investment managers fees	10,609	-	10,609
	131,581	83,547	215,128
Charitable activities			
Qualifications	452,130	303,690	755,820
Membership and publishing	362,600	214,663	577,264
Courses & conferences	109,868	86,533	196,401
Educational services	160,131	91,993	252,125
Projects	283,950	156,531	440,481
Bookshop	2,926	5,419	8,345
Policy and communications	124,691	-	124,691
	1,496,296	858,829	2,355,125
	1,627,877	942,376	2,570,253
Total Expenditure - 2019	Direct costs £	Indirect costs £	2020 Total £
Cost of generating funds			
Rental and room hire costs	221,829	98,355	320,184
Investment managers fees	6,595	-	6,595
	228,424	98,355	326,779
Charitable activities			
Qualifications	574,165	353,614	927,779
Membership and publishing	350,613	210,612	561,225
Courses & conferences	243,173	100,949	344,122
Educational services	140,947	88,132	229,079
Projects	285,388	232,093	517,481
Bookshop	12,025	7,827	19,852
Policy and communications	203,291	-	203,291
	1,809,602	993,227	2,802,829
	2,038,026	1,091,582	3,129,608

3(c) Support costs

Support costs - 2020	Premises £	Other Overheads £	2020 Total £
Cost of generating funds			
Rental and room hire income	13,579	69,968	83,547
	13,579	69,968	83,547
Charitable activities			
Qualifications	38,798	264,892	303,690
Membership and publishing	29,098	185,565	214,663
Courses & conferences	2,182	84,351	86,533
Educational services	14,549	77,444	91,993
Projects	15,761	140,770	156,531
Bookshop	1,212	4,207	5,419
	101,600	757,229	858,829
	115,179	827,197	942,376
Support costs - 2019	Premises £	Other Overheads £	2019 Total £
Cost of generating funds			
Rental and room hire income	11,386	86,969	98,354
	11,386	86,969	98,354
Charitable activities			
Qualifications	45,545	308,069	353,614
Membership and publishing	27,833	182,779	210,612
Courses & conferences	7,591	93,359	100,949
Educational services	25,303	62,829	88,132
Projects	22,772	209,320	232,093
Bookshop	1,265	6,562	7,827
	130,309	862,918	993,228
	141,695	949,887	1,091,582
Other overheads		2020 £	2019 £
Overhead staff costs		361,078	427,077
Marketing and communications		82,944	65,506
Administrative expenses		315,244	343,002
Governance		15,396	18,954
Loan interest and charges		52,535	95,347
		827,197	949,887

Support costs have been allocated on the following basis;

- Premises costs - allocated based on the floor space basis occupied by each department.
- Overheads - allocated based on turn over basis.

3(d) Governance costs

Governance costs	2020 £	2019 £
Audit fees	15,045	13,050
Council meeting expenses	351	5,904
	15,396	18,954

3(e) Staff costs

Staff costs	2020 £	2019 £
Salaries	1,189,511	1,257,346
Social security costs	124,212	129,755
Pension and other benefits	156,706	168,188
Redundancy costs	14,695	-
	1,485,124	1,555,289

The average number of employees during the year was:

	2020 Number	2019 Number
Royal Society for Public Health	34	38
	34	38

The number of employees whose salary and benefit in kind fell within the following scales is as follows:

	2020 Number	2019 Number
£90,001 - £100,000	1	1
£70,001 - £80,000	1	1
£60,001 - £70,000	1	1

Key management personnel

Key Management Personnel are the Trustees and members of the Executive Management Team. Trustees are not paid any remuneration for their role as members of the Council(Board). The Executive management team members are the Chief Executive, Director of Membership & Education, Director of External Affairs & Marketing, Director of Finance & Corporate Resources, Director of Qualifications and Director of National & Regional Programs. The total employee benefits paid to the Executive Management Team were £ 545,889. (2019 - £530,495)

3(f) Related parties

Professor Lisa Ackerley, Chairing and speaking at RSPH's courses and conferences, received an Honorarium of £650 (2019 - £1,344) in accordance with Article 4.3 of the Royal Charter. Travelling expenses totalling £441 (2019: £3,938) were reimbursed to 4 (2019: 8) trustees during the year to 31 December 2020.

Trustees liability insurance premium of £7,056 (2019-£7,056) was paid in the period.

4 Operating costs

The deficit is stated after charging:	2020 £	2019 £
Depreciation charge	35,790	67,121
Amortisation charge	12,110	-
Auditors' remuneration	15,045	13,050
Finance costs	<u>52,535</u>	<u>95,347</u>

5 Commitments under operating leases

At 31 December 2020 the charity had annual commitments under non-cancellable operating leases as follows:

Operating leases - Equipment	2020 £	2019 £
Due within one year	5,981	7,214
Due within 2 to 5 years	2,283	5,981
	<u>8,263</u>	<u>13,195</u>

6 Tangible fixed assets

Cost	Freehold property £	Long leasehold property £	Computer hardware £	Furniture and Office equipment £	Total £
At 1 January 2020	4,631,682	4,570,756	97,347	239,166	9,538,951
Additions in the period	-	-	5,541	1,495	7,037
Revaluation	94,525	-	-	-	94,525
Disposal	-	(4,570,756)	-	(3,500)	(4,574,256)
At 31 December 2020	4,726,207	-	102,888	237,161	5,066,256
Depreciation					
At 1 January 2020	-	195,330	88,971	236,851	521,152
Charge for the period	-	25,926	8,071	1,793	35,790
Disposal	-	(221,256)	-	(3,500)	(224,756)
At 31 December 2020	-	-	97,042	235,144	332,186
Net book value					
At 31 December 2020	4,726,207	-	5,846	2,017	4,734,070
At 31 December 2019	4,631,682	4,375,426	8,376	2,315	9,017,799

At 31 December 2020 there were authorised capital commitments of £Nil (2019: £Nil).

Historic cost and the revaluation of freehold property

Historic cost of the freehold property, 59 Mansell Street, was £3.35 million. At 31 December 2020, this property was valued at £7.5 million by Richard Moss of Cluttons, a registered RICS valuer, split between tangible fixed assets (£4,726,207 as above) and investment properties (£2,773,793 as per note 8). The Trustees believe that this valuation reflects the realisable value of the premises under current market conditions.

Historic cost and the revaluation of leasehold property

Historic cost of the leasehold property, 28 Portland Place, was £2,619,065. At 31 December 2014, this property was valued at £6.5 million by Anthony Martin of Cluttons, a registered RICS valuer. The charity decided to keep the portion of this valuation relating to tangible fixed assets (£4,570,756) as the deemed cost for depreciation purposes as permitted upon transition to FRS 102. The remaining portion of the property is treated as an investment property. This building was disposed at £9.5 million on 3 September 2020.

7 Intangible fixed assets

Cost	Software £	Total £
At 1 January 2020	92,520	92,520
Additions in the period	103,884	103,884
Disposal	(65,700)	(65,700)
At 31 December 2020	130,704	130,704
Depreciation		
At 1 January 2020	92,520	92,520
Charge for the period	12,110	12,110
Disposal	(65,700)	(65,700)
At 31 December 2020	38,930	38,930
Net book value		
At 31 December 2020	91,774	91,774
At 31 December 2019	-	-

At 31 December 2020 there were authorised capital commitments of £Nil (2019: £Nil).

8 Investments

RSPH investment portfolio	2020 £	2019 £
Market Value of investments on 1 January 2020	6,086,100	6,181,687
Additions	3,038,722	62,273
Disposal proceeds	(2,993,528)	(230,915)
Net investment (Loss)/Gains	96,904	73,055
Balance at 31 December 2020	6,228,198	6,086,100
Historic cost of investments	3,275,631	1,677,821

All investments are quoted on a registered UK stock exchange.

Market value as at 31 December:		
Investment properties	2,773,793	5,537,983
UK listed investments	3,454,405	548,117
	6,228,198	6,086,100

Investment properties

59 Mansell Street was valued at £7.5 million by Richard Moss of Cluttons, a registered RICS valuer, in December 2020, split between tangible fixed assets (£4,726,207 as per note 6) and investment properties (£2,773,793). The Trustees believe that this valuation reflects the realisable value of the premises under current market conditions.

As per note 15 the charity sold the leasehold property at 28 Portland Place for £9.5 million on 3 September 2020.

9 Debtors

	2020 £	2019 £
Trade debtors	178,439	269,758
Other debtors	31,789	47,647
Prepayments	84,070	132,167
	294,299	449,572

10 Creditors: amounts falling due within one year

	2020 £	2019 £
Other taxes and social security costs	51,419	35,938
Trade and other creditors	177,719	274,523
Bank loans	-	680,551
Accruals	65,701	27,866
Deferred income	243,763	142,337
	538,602	1,161,215

Included within other creditors is an amount of £14,832 (2019: £15,234) of pension contributions to be paid across to scheme.

Deferred income - movements during the year:	2020 £	2019 £
Balance at 1 January	142,337	162,768
Amounts released to income in the year	(142,337)	(162,768)
New deferred income in the year	243,763	142,337
Balance at 31 December	243,763	142,337

11 Creditors: amounts falling due after more than one year

	2020 £	2019 £
Bank loans	-	3,177,730
	-	3,177,730

On 27 January 2011, the RSPH obtained a loan of £4.4 million, mainly to facilitate the freehold acquisition of John Snow House and to repay the RSPH's existing loan of £500,000. This loan is secured by charges over the freehold and long leasehold properties. Term of the loan is 22 years from 27 January 2011 and the capital repayments have commenced from January 2013. This loan was fully repaid on 3 September 2020.

The loan repaid;	£
Balance at 3 September 2020	3,036,220
Repaid on 3 September 2020	(3,036,220)
	-

12 Analysis of net assets – 2020

	General fund £	Designated Fund £	Revaluation reserve £	Restricted fund £	2020 total £
Tangible fixed assets	639,545	-	4,094,525	-	4,734,070
Intangible fixed assets	91,774	-	-	-	91,774
Investments	5,966,948	-	261,250	-	6,228,198
Current assets	2,135,918	600,000	-	310,847	3,046,765
Liabilities	(538,602)	-	-	-	(538,602)
	8,295,583	600,000	4,355,775	310,847	13,562,205

Analysis of net assets – 2019

	General fund £	Designated Fund £	Revaluation reserve £	Restricted fund £	2020 total £
Tangible fixed assets	1,236,362	-	7,781,437	-	9,017,799
Investments	5,004,364	-	1,081,736	-	6,086,100
Current assets	(46,804)	133,481	-	384,702	471,379
Liabilities	(4,143,310)	-	-	-	(4,143,310)
	2,050,613	133,481	8,863,173	384,702	11,431,968

13 Funds – 2020

	1 Jan 20 £	Income £	Expenditure £	Gains, losses & transfers £	31 Dec 20 £
General fund	2,050,612	2,214,923	(2,395,931)	6,425,979	8,295,583
Designated funds and revaluation reserve					
Building fund	133,481	-	(15,420)	481,939	600,000
Revaluation reserve	8,863,173	-	-	(4,507,398)	4,355,775
	8,996,654	-	(15,420)	(4,025,459)	4,955,775
Restricted funds					
Nigel Symonds	1,124	11	-	-	1,135
Harben Trust	81,615	824	-	-	82,439
Heggie fund	59,591	602	-	-	60,193
Thomas Latimer Cleave Memorial Trust	7,995	81	-	-	8,075
Awards fund	12,507	126	-	-	12,633
EMC Wilson Bequest Fund	892	9	-	-	901
GambleAware	76,884	82,266	(126,594)	-	32,555
Robert Wood Johnson	144,095	1,129	(32,309)	-	112,915
	384,702	85,048	(158,903)	-	310,847
Total funds - 2020	11,431,968	2,299,971	(2,570,253)	2,400,520	13,562,205

Funds – 2019

	1 Jan 19 £	Income £	Expenditure £	Gains, losses & transfers £	31 Dec 19 £
General fund	2,201,001	2,757,034	(2,971,623)	64,200	2,050,612
Designated funds and revaluation reserve					
Building fund	175,231	-	(41,750)	-	133,481
Revaluation reserve	8,854,318	-	-	8,855	8,863,173
	9,029,549	-	(41,750)	8,855	8,996,654
Restricted funds					
Nigel Symonds	1,110	14	-	-	1,124
Harben Trust	80,607	1,008	-	-	81,615
Heggie fund	58,856	735	-	-	59,591
Thomas Latimer Cleave Memorial Trust	7,896	99	-	-	7,995
Awards fund	22,353	154	(10,000)	-	12,507
EMC Wilson Bequest Fund	881	11	-	-	892
Gambling Health Alliance	-	90,118	(13,235)	-	76,884
Robert Wood Johnson	235,316	1,779	(93,000)	-	144,095
	407,019	93,918	(116,235)	-	384,702
Total funds - 2019	11,637,569	2,850,952	(3,129,608)	73,055	11,431,968

14 Funds continued...

RSPH has designated certain funds as follows:

Building fund

Represents amounts set aside for property repairs and maintenance over the next three years.

Major restricted funds RSPH as follows:

Harben Trust fund

Represents amounts restricted for the purpose of an annual lectureship "dealing with some subject embodying the results of original research in conjunction with the science of public health".

Heggie fund

Represents amounts restricted for the specific purposes of

- (a) the refurbishment and maintenance in perpetuity of 'James Heggie Room' in 28 Portland Place.
- (b) the development of courses and examinations for anatomical pathology technicians.

Thomas Latimer Cleave Memorial fund

Represents amounts restricted for the purpose for the advancement of education and in furtherance thereof to provide prizes, awards, scholarships and grants to students of food science subjects.

Awards fund

Represents all the individual restricted award funds from the predecessor organisations Royal Institute of Public Health and the Royal Society for the Promotion of Health.

GambleAware

Represents to establish and run Gambling Health Alliance.

Robert Wood Johnson

To support the Health on the High Street Campaign in the USA.

15 Disposal of the leasehold property

The leasehold property at 28 Portland Place, London W1 is on the market for sale from April 2018. The Trustees took the decision to dispose this property at the Council meeting on 12 December 2017. The charity completed the sale of 28 Portland Place on 3 September 2020 at £9.5 million.

16 Net debt

	2019 £'000	Cash flow movements £'000	Other Movements £'000	2020 £'000
Cash at bank and in hand	21,040	2,731,264	-	2,752,304
Bank overdraft	(483,844)	483,844	-	-
Loans	(3,178,802)	3,178,802	-	-
Net debt	(3,641,606)	6,393,910	-	2,752,304