



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



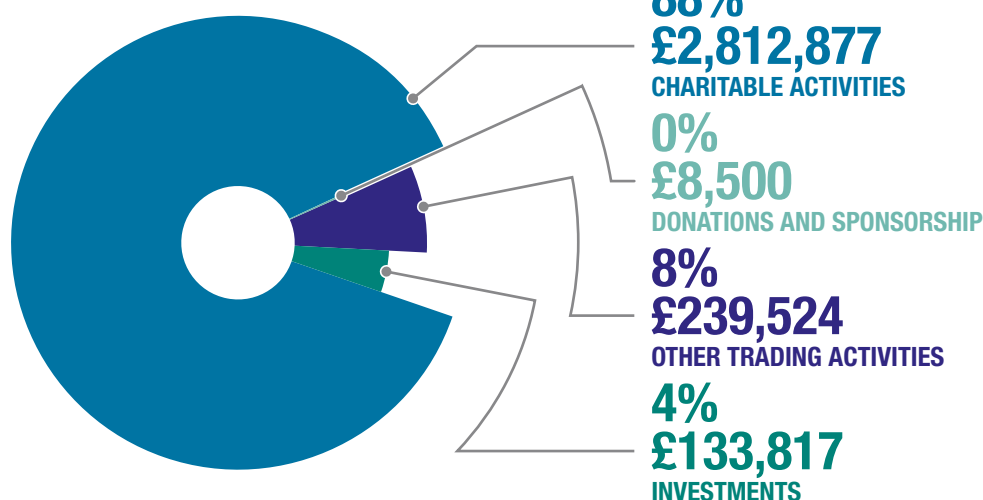
53,080
CPD HOURS
WERE ACHIEVED THROUGH
RSPH LEARN TRAINING

100% OF ATTENDEES OF OUR DIPLOMA
IN OCCUPATIONAL MEDICINE
SAID THEY WOULD
RECOMMEND IT TO A COLLEAGUE



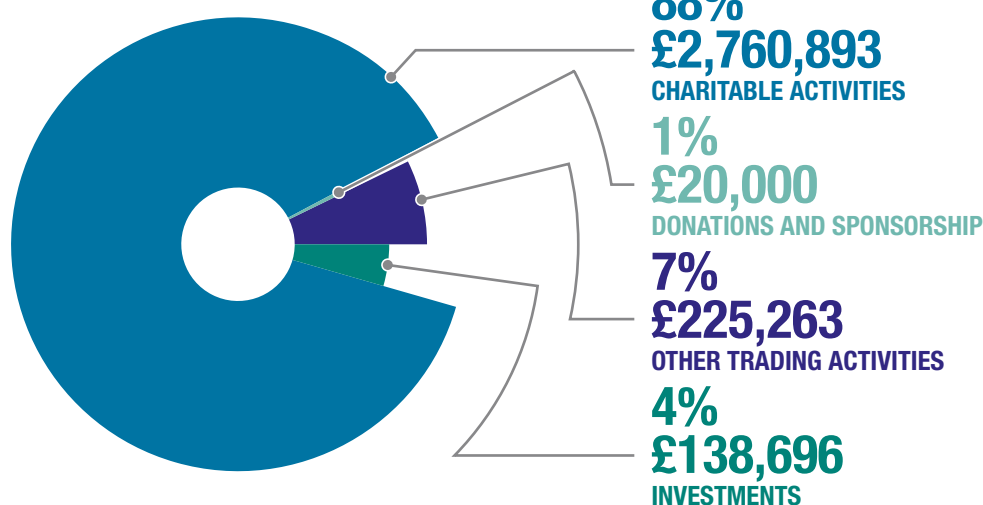
INCOME MIX

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 step 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

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 Royal Society for Public Health

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and in Scotland (Reg no. SC040750)

