

RSPH

ROYAL SOCIETY FOR PUBLIC HEALTH
VISION, VOICE AND PRACTICE

Annual Report and Financial Statements 2019

www.rsph.org.uk

 @R_S_P_H



Reference and administrative details

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Introduction from the Chair



Dr Nigel Carter Chair

This is my first year as Chair of RSPH and I am delighted to present our Annual Review and Financial Statements which captures the enormously important contribution our charity makes to achieve our mission to optimise health and wellbeing for all.

The importance of public health, and in particular health protection has been brought into sharp focus with the Covid 19 global pandemic. The devastating impact on people's lives, not to mention the economic hardship will be with us for many years. The global emergency we are facing is a stark reminder of how important public health interventions, such as vaccinations, are in helping to protect us from such pandemics; and yet we may well take them for granted.

Before the Covid 19 pandemic RSPH was already concerned about vaccination, and Our Moving the Needle report which we published in 2019 seemed to presage a host of developments such as the loss of the UK's measles free status and the continued decline in coverage for childhood vaccinations.

It is vitally important that RSPH can continue to promote the importance of maintaining the UK's world class vaccination programme through our campaigning and education.

Elsewhere, during 2019, we continued to make a significant impact across the many different areas in which we operate. Our membership continues to thrive, supported by Special Interest Groups, new partnerships with corporates and universities. We are continuing to innovate in the educational resources we provide from e-learning on sleep to new qualifications in areas such as Infection Prevention and Control. And we also continue to have an impact across the UK and internationally - from locally delivered programmes in places such as Greater Manchester and the West Midlands, to launching international adaptations of our award-winning campaigns in the USA and New Zealand.

This Annual Review highlights our activities and impact for the year and I would like to thank my fellow trustees for their commitment and support throughout the year to RSPH.

This is also the final year in which Shirley Cramer leads RSPH and on behalf of the board I would like to thank her for the major contribution she has made, particularly in relation to the increased public profile RSPH now has, in championing the wider public health workforce, and in ensuring RSPH continues to remain the UK's leading independent public health charity.

There has never been a greater need to support the public's health and we thank all of our supporters, partners, members, centres and dedicated staff for helping us to achieve our mission.

Dr Nigel Carter Chair
RSPH

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Over **6500** members of RSPH



Over **120,000** downloaded our Perspectives in Public Health journal

Over **1000** delegates attended 8 conferences



Around **40,000** people took RSPH qualifications

16,000 people accessed our e-learning programmes in 2019



3000 people from around the world tuned into our webinars

Over **10,000** articles written about RSPH in 2019



Almost **650,000** downloaded our journal Public Health



Over **3200** features of RSPH in broadcast media in 2019




Over **300** young people became Young Health Champions

Over **120** Alcohol Health Champions

trained for our Communities in Charge of Alcohol programme who had over **1120** conversations with people about their drinking habits and carried out **249** Audit-Cs


We trained **69** trainers for our Connect 5 programme



 **16K** followers **27% increase**

 **9.1K** followers **44% increase**

 **5.9K** fans **28% increase**

 Launch of Instagram Channel with over **450** followers

1. Objectives and activities

About us

The Royal Society for Public Health (RSPH) is an independent health charity dedicated to improving and protecting the public's health. Our vision is that everyone should have the opportunity to optimise their health and wellbeing, regardless of their background. We are the independent voice for the public's health and use this to raise awareness of major public health issues, including through our policy and campaigning. We support and enable practice through a broad range of services, which we provide, including qualifications, accreditation, e-learning and partnerships. We are also the main home of anyone who wants to make a positive difference to the health and wellbeing of the public, and we have a growing membership and a range of active interest groups and networks.

Following on from the RSPH Strategic Plan, (2014-18), in 2019 RSPH developed a 2-year business plan to help guide the strategic direction of the charity. This included reviewing We looked at where we would like to be by the end of 2021 both externally and internally.

All the activities of RSPH support at least one of the strategic goals and are reported on regularly both through the management of the annual operational plan by the Executive Management Team and reports to the Council.

Our strategic priorities

We are dedicated to improving the public's health. In order to deliver on this mission, we have defined six strategic priorities that determine our key areas of focus so that we can maximise our impact.

• Supporting the wider public health workforce

With over 15 million workers in the UK alone, including firemen, hairdressers and postal workers, the wider workforce can support the public's health in a variety of ways. By working with a range of different occupational groups, including the emergency services, pharmacies and Allied Health Professionals, we provide the means for professionals within the wider workforce to maximise their impact on the public's health. We also provide a wide range of essential resources and tools to support the wider workforce in their interactions with patients and clients - all with the goal of improving the public's health.

• Creating Healthier Environments

Where we are born, grow and develop, whether we work and the nature of it, and how we age, all have an important role to play in shaping our health. 'Social determinants' of health are critically important and behind many of the health inequalities we see. Our vision is for everyone to optimise their health and wellbeing regardless of their life circumstances and so much of our work is centred around addressing these health inequalities and the 'causes of the

causes' of poor health and wellbeing. We work to make communities healthier through place based activities, influencing national and local policies, and through shining a spotlight on such issues as the impact of high cost credit on health outcomes.

• Supporting the health and wellbeing of young people

Our aim is to optimise health and wellbeing at every age and stage, from early years, through adolescence to working age, and in later life. We recognise childhood obesity as a key public health challenge and our Child's Obesity Strategy has provided a platform for raising awareness of it. Our qualification for Young Health Champions provides young people with practical skills they can use to promote health and wellbeing to their peers at school, work and in the community.

Our Workplace Health Champions scheme encourages employers to be more health promoting and to support colleagues in leading healthier lives. We have also undertaken projects looking at later life, including the impact of attitudes towards ageing on our health and wellbeing.

• Improving & Protecting the public's health

The prevention and control of infectious diseases and other environmental threats is a vital part of maintaining the public's health and wellbeing. Much of our work is based on ensuring that professionals have access to the right training, qualifications and resources so that they can play their part. We also develop policy on a range of health protection issues, from food safety to vaccinations. Our qualifications, covering areas such as food safety and pest control, are vital in ensuring that professionals are trained to effectively manage risks to the public's health. Vaccination programmes also ensure health protection, and this is a growing area of focus for us, while our programme of webinars on water safety help to share best practice around the world.

• Working internationally

The issues impacting upon the public's health have relevance across the globe and our work is aimed at an international audience. We regularly participate in leading international events such as the American Public Health Association's annual conference, while our membership spans the world, with representation from over 90 countries.

Digital platforms allow us to engage with public health professionals across the globe, enabling them to join our webinars and access our journals. Our campaigning and policy work regularly attracts attention from overseas with our Health on the High Street campaign being adapted for the USA as well as our Social Media and Young People's Mental Health campaign creating global media interest. We have also led and supported a number of international initiatives such as the European Young Health Champions.

John Snow House

External context

The political environment remained uncertain for a significant part of 2019 with Brexit continuing to take up much of the Government's time. This coupled with a General Election made it challenging at times to get public health seen as a priority.

There have been a number of pressing issues on which RSPH has campaigned which have stalled over the last year, including the Online Harms White Paper, the vaccinations strategy and the Chapter 2 of the Childhood Obesity Plan.

With Government funding continuing to remain a challenge, we were pleased to see plans for a new prevention Green Paper, and welcomed the commitment to tackling health promotion across the lifecourse. We were particularly pleased to see plans to develop a Composite Health Index to provide a tracker for the nation's wellbeing and which may be considered alongside other economic measures such as GDP when considering the impact of Government policies. However, there was very little in the Green Paper addressing the social determinants of health and some criticism that it focussed too much on lifestyle interventions.



2. Achievements and Performance

i) Supporting the Wider Public Health Workforce

Throughout 2019 through our CPD, education and training, we continued to support those individuals whose day to day work improves and protects the public's health by raising awareness of their work and giving recognition for their impact.

Providing opportunities to learn and develop

We continue to be the leading independent membership body for those working in public health, with a broad range of members including Environmental Health Officers, academics, students, healthcare professionals and people who have an interest in improving and protecting the public's health. During 2019 RSPH membership reached record levels with over 6500 members. Our Associate Membership helped with this growth, as did our Student Membership which has been supported by new partnerships with a number of Universities including Nottingham, Wolverhampton and Salford.

Our four active special interest groups (SIG) in the areas of, Food Safety, Water Safety, Arts and Health and Behaviour Change all continued to thrive with their own series of webinars which reach thousands of interested individuals world- wide. We regularly have over 300 people on the webinars. This is just part of our digital education strategy which is free to access and supported by our many Corporate Members and partners.

During 2019 we held 6 conferences on topics including food allergies: the impact of recent events, court cases and convictions; Keeping travellers healthy on land and at sea - meeting the public health challenges; food safety and the Future of Water and Public Health. As part of a plan to hold more conferences outside of London, several of these conferences were held at our University partners, including the Universities of Salford and Sheffield.

Interest in our webinars continues to grow and in 2019 we hosted webinars on a wide range of topics many through our Special Interest Groups. Highlights included webinars on water system and design, waterborne infections and Norovirus.

In 2019, we ran two Diploma in Occupational Medicine Courses which are highly rated by the students and continue to have an international reputation.

Supporting career development

But it is not just our membership, RSPH continues to support health education, through our network of over 600 (CHECK) Training Centres with qualifications, e-learning and CPD. During 2019 we developed our educational offer to meet the new public health challenges.

With the growing emphasis on social prescribing, RSPH launched a new Level 3 Certificate and Diploma in Community Health & Wellbeing aimed at increasing the knowledge, understanding and skills of the workforce and promoting health and wellbeing of individuals to make improvements to their health and wellbeing. The new qualifications are aimed particularly at linkworkers, health trainers, care navigators and others based in the community.

To support those involved in social prescribing further RSPH partnered with NHS Improvement and Public Health England and published Driving Forward Social Prescribing, a report and framework for Allied Health Professionals which explored barriers to social prescribing and to identify which public health priorities social prescribing could be useful for.

In 2019 we also began work to support those working in the Health and Fitness sector, following on from our Going the Distance report. We secured endorsement from the Chartered Institute for Management in Sport and Physical Activity, to provide exercise professionals with access to many of our qualifications which can help support their career development.

Our direct delivery work included the conclusion of our Connect 5 programme in Greater Manchester. The programme has built the capacity and capability of frontline workforce to have conversations around mental health and wellbeing concluded in 2019.

We also continued to grow and develop new e-learning programmes during 2019 including free e-learning resources for the general public on issues including sleep Understanding Sleep – Don't Hit Snooze on your Health, sponsored by our corporate member Silent Night. The programme had over 6000 users and this type of partnership reflects a growing trend in developing commission based digital health education resources. RSPH has now been commissioned by a range of partners including Alzheimer's Research UK, Bourne Leisure and Health Education England to develop e-learning resources on a range of public health topics.





Celebrating success

The RSPH National Health and Wellbeing Awards continued to grow in 2019 and is now firmly established as the flagship ceremony celebrating achievements at grass roots level of people and organisations who are making a positive difference to the public's health.

This was the fourth year of our evening awards which includes the Public Health Minister's Award and we had over 300 people attending a gala celebration in Central London. Our Vice President, Lord Patel of Bradford was master of Ceremonies alongside TV presenter and RSPH Vice President, Natasha Kaplinsky and the Public Health Minister, with entertainment provided by the Dance for Parkinson's programme.. We had excellent feedback from the evening which included two special commendation awards from Public Health England (PHE).

We also hosted our second Hygieia Awards to recognise the achievements of Centres, Students and Tutors who take RSPH qualifications.

Our accreditation programme is also an opportunity for RSPH to provide our mark of quality assurance for many public health programmes and training. In 2019 we secured a range of new accreditation clients including Live Well Dorset, Morrisons supermarket for their food safety training and the National Association for People Abused in Childhood.



Public Health, Perspectives in Public Health and Public Health in Practice

Our journals enhance our global international presence as many of our submissions are international, particularly from the USA and China.

Our international peer reviewed journal, *Public Health*, continues to grow. In 2019 *Public Health* received 646,368 downloads and reached a record number of submissions with 1639 original papers submitted during the year. The most downloaded paper was "Why is changing health-related behaviour so difficult?", which has received 24,307 downloads.

The scope of the journal continues to be international in nature with papers from Asia representing the highest proportion of overall submissions. The 2019 impact factor was 1.696 and there were special issues on areas including: Travel Health, Migration, Ethnicity, Race and Health, and the Health of Indigenous Peoples.

Celebrating its 10th year of publication in 2019, *Perspectives in Public Health* received 320 submissions and 121,572 downloads including the most downloaded paper "Obesogenic environments: current evidence of the built and food environments". The impact factor increased from 0.406 in 2010, to 3.033. We published a number of special issues of *Perspectives in Public Health* including: Public Mental Health and Food Safety.



CASE STUDY

Zubeda Harrif,
Health Improvement Practitioner at Bolton NHS Foundation Trust

The content of the qualification and the responsibilities of my day-to-day role matched up brilliantly. So many of the different topics we covered have helped me to ensure that I make the best of each patient contact, from active and reflective listening to practical tips for building a rapport with patients.

Through the course, I picked up quite a few skills that I had never heard of before – for example I had absolutely no idea what motivational interviewing was! The tutor helped us to really understand the techniques involved and the qualification gave us the chance to practice those skills through the role play activities incorporated within it.

I honestly feel that I use something I learned from the programme every time I'm with a patient. It has broadened my horizons and allowed me to make the most of myself and my skills, so that I can help patients to make changes to their lifestyles and improve their lives.



ii) Creating Healthier Environments

RSPH recognises that the environments in which we live, work and play have a major impact on our health and wellbeing, and our work in creating healthier environments is focussed on raising awareness of some of these challenges and undertaking place-based activities in communities, such as training and research, in different parts of the UK.



Tackling the obesogenic environment

A major priority for RSPH in 2019 was around raising awareness of the “obesogenic” environments (those which encourage unhealthy eating or discourage exercise) in which people live, and focussing in on what action can be taken to make two particular environments more health promoting.

As part of our long term collaboration with one of our Corporate Members, Slimming World, we sought to better understand what supermarkets can do to support people to lead healthier lives through their marketing and sales tactics, making changes to their layouts and increasing prominence and volume of healthier products on shelves. From our polling of the public we found that **over one third (36%) of shoppers reported that they impulse purchase unhealthy products because they are on special offer**, and one in five say supermarkets cause them to go off track when attempting to lose weight.



RSPH worked with a range of experts to develop a blueprint of what the ideal supermarket would look like, and with the support of the People's Supermarket in Central London we recreated what a supermarket would look like, if designed by public health experts – which we called **Nudge @ The People's Supermarket**. We accompanied this initiative with a report including recommendations aimed at supermarkets to make their offer healthier. This included calls to provide greater shelf allocation for healthier products, ban junk food from checkouts, use cartoon characters to promote healthier products and use business rate reductions to incentivise retailers who commit to these ideas.

Separately we also called for supermarkets to stop stocking Easter Eggs so early; our call was backed by our own polling with over three quarters of the public agreeing, and over half had bought or consumed an Easter related treat one month before the Easter holidays.

Through our partnership with Guys and St Thomas Charitable Trust (GSTC) we published **Routing Out Childhood Obesity** which explored the high street environment to and from school in **Lambeth and Southwark**, and we made a number of recommendations to promote healthier food offers and improve opportunities for exercise, including planning restrictions on fast food takeaways near to school gates, creating more opportunities for outdoor play and active travel, and restrictions on junk food advertising.

Both of these reports secured significant media interest and support from our key stakeholders as well as generating public debate, and we presented the findings to among others DEFRA, UNICEF and a number of Local Authorities.

Developing place-based programmes to meet local needs

RSPH works in partnership across the UK on a range of place-based projects which set out to improve the public's health often by using local assets within the local communities. In 2019 as well as beginning work on two new projects with the Health Foundation exploring social determinants of health on issues including financial security and community spirit we made good progress on two of our long-standing programmes, one in the West Midlands and the other in Greater Manchester.



Development of a Social Investment Fund

We made good progress following on from our initial research in the **West Midlands** into the need for a Social Investment Fund to provide voluntary organisations and social enterprises with access to alternative, sustainable sources of funding. Esmée Fairbairn Foundation and the Connect Fund have agreed to support our work with partners across the West Midlands on the development of a new social investment finance programme. The *Catalyst Programme* will be a health and wellbeing focused, place-based programme. It will involve and support those organisations already tackling health inequalities but whose potential for growth is limited due to a lack of finance, access to investment and support, or awareness of growth finance options.

Communities in Charge of Alcohol

Throughout 2019 we continued our work across **Greater Manchester** to tackle the harms from alcohol with our Communities in Charge of programme. The initiative is in partnership with the University of Salford and involves us recruiting and training a network of Alcohol Health Champions across the region. The Alcohol Health Champions provide information and advice in their communities and also have an activist role in advocating local action on alcohol availability, including influencing licensing decisions. Since the programme launched in 2017, **120 Alcohol Health Champions have been trained**, who have in turn carried over **1120 brief interventions** including **249 Audit Cs**, a screening tool to gauge at risk drinkers.

CASE STUDY

Janis Sixsmith,
Alcohol Health Champion

“The role of an RSPH Alcohol Health Champion is to give brief advice to encourage people to be aware of the units of alcohol they are drinking and signpost to services. I hope I am making a difference and feel that I am, because I am signposting people to services that they haven't been aware of. It's not just drug and alcohol but mental health and housing services which I am signposting people to. I am hoping that I am helping people and also improving their knowledge of units and what can happen if you drink too much.”



iii) Improving & Protecting the Public's Health

We continue to campaign and develop educational resources to help improve and protect the public's health. We have had a particular focus on health protection issues in 2019 with an emphasis on vaccinations, infection control, hygiene and sanitation.

Campaigning and educating to tackle vaccine misinformation

RSPH's first policy report of 2019 explored attitudes to vaccination at different ages and revealed that barriers to vaccination primarily included access and delivery issues and fear of side effects. However, there was also concern at misinformation about vaccinations via social media. The extent to which social media propagates misinformation and that the perceived risks of side effects were a key concern among those who choose not to vaccinate. Our research found that while attitudes to vaccination were largely positive, as many as 2 in 5 parents are exposed to negative messages about vaccination on social media.

Such was the impact of this report that we organised a panel discussion to explore what action can be taken to tackle misinformation and "fake news" on social media platforms, with representatives from industry including Facebook and the Shadow Secretary of State for Health.

Our work on vaccinations continued throughout 2019, with the piloting of educational resources aimed at primary and secondary school pupils, and work to better understand the barriers around flu vaccination across London.

Supporting infection control

In 2019 we launched a new qualification Level 2 Infection Control and Prevention in partnership with the Welsh Government and the support of Public Health Wales. The qualification is aimed at practitioners who carry out Special Procedures, including tattoos, piercings, acupuncture and electrolysis, and aims to provide a unifying standard of infection control.

We accompanied the launch of the qualification with a report, *Skins and Needles*, which looked at the health risks associated with Special Procedures, and from our research found that as many as 1 in 5 people who had undergone a special procedure had a negative side effect (with 1 in 10 people requiring medical attention).

To highlight how easy it is for anyone without qualifications to access products that may not be safe or hygienic, we set up a pop up tattoo/piercing stall in Enfield Town Centre to talk to the public about the risks associated with special procedures and how they can be minimised. Among our recommendations was the need for the introduction of a licensing scheme covering practitioners of special procedures across the UK. Following the publication of our report we met with the UK's four Chief Medical Officers to talk through our findings.



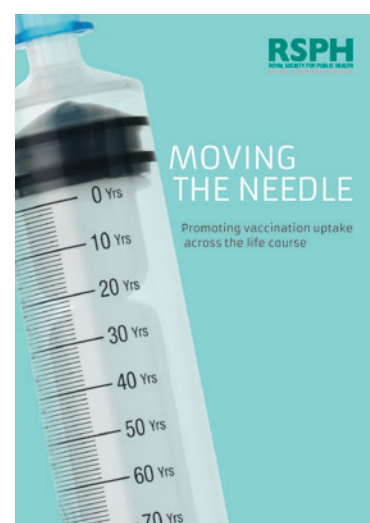
Promoting good hygiene

RSPH has a long history of supporting good hygiene and in 2019 we published *Too Clean or Not Too Clean*, in which we called for an end to the myth that being 'too clean' is bad for health. The report was developed with the support of RSPH Fellow Professor Sally Bloomfield and included findings from a national survey of the public. We found that there is substantial public confusion about the relationship between cleanliness and hygiene: with over one third of the public (36%) believing dirt is usually or always harmful despite the need for exposure to "good bacteria" to help support a healthy microbiome. The report set out the need for a targeted approach to hygiene, to break the chain of infection and slash the risk of infection outbreaks.

*Taking the P***, Too Clean or Not Too Clean*

And addressing the need for potty parity!

With the support of one of our long standing Fellows Dr Ros Stanwell Smith, RSPH explored the impact of the dwindling number of public toilets on the public's health and wellbeing. Our research found that the lack of toilets acted as a "loo leash" with as many as one in five (20%) of the public off venturing out of their homes as often as they would like. The report struck a chord with the public and secured a huge amount of media interest with our calls for fairer provision of toilets for women (also known as potty parity) and exploring new ways of funding public toilets being of particular interest.



The Top 20 public health interventions of the 21st Century

At the end of 2019 we launched a film which gave a run down of the 'Top 20 public health interventions of the 21st Century so far' which involved RSPH members and other public health experts.

The top 3 public health interventions were:



1.
The smoking ban

2.
The Soft Drinks Industry Levy ('Sugar Levy')

3.
The Marmot review into health inequalities and understanding of the social determinants of health

iv) Supporting Health at Every Age

RSPH takes a lifecourse approach to the public's health, supporting people at all ages. In 2019 we had a particular focus on supporting young people, and tackling some of the ongoing "digital determinants" of health including the impact of social media on health and wellbeing and the potential threats posed by online gambling and gaming.

Campaigning to protect against online harms

RSPH continued our campaign to mitigate the negatives and harness the positive impacts of social media on health and wellbeing, particularly for young people. We provided the secretariat to the All Party Parliamentary Group on Social Media, and in 2019 the APPG and RSPH published #NewFilters which set out to inform the Government's Online Harms White Paper. Among the calls to action which have been taken forward by the Government is the need for an independent regulator which will force social media companies to provide annual transparency reports, and for the platforms to have a duty of care for their users health and wellbeing. Following publication we met with the Secretary of State for Health who backed our calls for a social media health alliance.



Scroll Free September

This was also the second year of our public facing Scroll Free September campaign. This year we had support from among others Amazon Audible who provided free advertising to promote the campaign to the public. Over 1500 people registered to take part in Scroll Free September in 2019 – of those taking part we carried out an evaluation of around 10% of those who took part to better understand the impact (n=173) of taking part and found that there was a statistically significant effect on participants' self-reported mental wellbeing, sleep quality, and social media dependence/addiction. There was also a substantial reduction in average daily use of social media, and a statistically significant change in how connected and happy people felt online compared to in real life.



People taking part in Scroll Free September reported:

- **Over two thirds (70%) believed taking part improved their mental health**
- **Over half (53%) said it improved their quality of sleep**
- **Almost all (99%) would recommend taking part to friends or family**

We also launched a new e-learning programme, Looking After Your Self-ie: a guide to finding your balance on and offline, which examined the negative and positive effects of social media, in the context of loneliness, relationships, sleep, cyberbullying, self-image and self-esteem. It has been our most successful to date with over 6000 people taking the course.



Launching a new online resource about Adverse Child Experiences

Around half of people have experienced at least one Adverse Child Experience (ACE) and there is a strong relationship between experiencing ACEs and poorer health outcomes. To support increased awareness of these issues among professionals we launched an online ACES hub. The hub was developed in partnership with the Early Action Together Network and the Wales Police and Partners programme and provides police and partners with information relating to ACES and trauma.

Exploring emerging issues impacting young people's wellbeing

In response to growing concerns around the threat posed to young people by online gambling and gaming RSPH published *Skins in the Game*, with support from the charity GambleAware. The report revealed that young people see a growing normalisation of gambling in video games caused by features such as loot boxes and skin betting.

Our research found that over half (54%) of young people see the relationship between gambling and gaming as a negative one for young people, one in

seven (14%) of those who had taken part in gambling-related activity on games, paid for the activity using their own credit card, their parent's card, or with money borrowed from a friend or family member and that the majority of young people see both purchasing a loot box (58%) and taking part in skin betting (60%) as forms of highly addictive gambling. RSPH is calling upon the Government to introduce legislation to classify loot boxes and skin betting as legally-recognised forms of gambling.



In 2019 RSPH established the Gambling Health Alliance, supported by an educational grant from GambleAware. The new Alliance will seek to ensure that gambling and the harms which arise from it are placed on an equal footing with other major public health challenges, focussing on prevention, early intervention, and increased community engagement. Among other activities the Alliance will seek to campaign on issues relating to online gambling and gaming.

v) Working Internationally

Our international reach

Our website continues to have an international reach with people visiting from over 200 countries including, Canada, India, Germany, Australia, Nigeria, and Spain. Our other digital products including webinars and e-learning also attract people from around the world – with around one third (35%) of webinar registrants based outside the UK about 1,400 people, from 83 countries.

Our membership continues to be international with around 1 in 4 (1,300 members) who are based outside the UK with the most from the USA, India and Nigeria.



Public Health, Perspectives in Public Health and Public Health in Practice

Our journals enhance our international presence as 90% of our submissions are international, particularly from the USA and China. We will work with the upcoming editors of Public Health to develop a plan to increase our international journal influence

Our international peer reviewed journal, Public Health continues to grow. In 2019 Public Health received 646,368 downloads and reached a record number of submissions with 1639 original papers submitted during the year. The most downloaded paper was on: *“Why is changing health-related behaviour so difficult?”* which has received 24,307 downloads.

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Celebrating it's 10th year of publication in 2019, *Perspectives in Public Health* received 320 submissions and 121,572 downloads including the most downloaded paper on “obesogenic environments: current evidence of the built and food environments. The impact factor increased from in 2010 was 0.406 to 3.033. *We published a number of special issues of Perspectives in Public Health including: Public Mental Health and Food Safety.*

RSPH and our publisher Elsevier launched our newest Journal Public Health in Practice in xxx. This is an online, gold open access journal and will accept papers from across the broad public health subject area, with a particular focus on public health in practice, emerging topics, and policy debates.

We will continue to work with Unilever by accrediting their Lifebuoy international ‘Help a Child Reach 5’ hand washing educational campaign. This campaign is in over 60 countries and has supported hand hygiene in schools and hospital settings to improve childhood survival rates from diseases that can be prevented by better hygiene.



International adaptations of RSPH campaigns

Two of our most successful campaigns have been developed for international audiences. Health on the High Street has been adapted for the United States, with support from the Robert Wood Johnson Foundation. During 2019 we worked closely with our academic partner, the University of California in Los Angeles (UCLA) on Health on the Main Street, which we are expecting to publish in 2020.

RSPH also continued to support the American Public Health Association (APHA) conference with an RSPH panel session on ‘Populism and Public Health’ which was live streamed.

Our #StatusofMind campaign has been adapted for New Zealand, with the support of the Philip Family Foundation. The adaption has been developed by the Graeme Dingle Foundation, and will explore the impact of social media on the mental health and wellbeing of young people.

3. Our Plans for the Future

COVID-19

At the time of writing, the pandemic, Covid 19 is effecting the world and we, along with every other organisation, have had to make changes to our plans for 2020 and to develop mitigations where we can, for the effects of the coronavirus.

The introduction of social distancing measures in March has meant that staff is working remotely and we are relieved that our investment in IT infrastructure and new telephony has meant that we are able to have regular internal and external video meetings and continue with RSPH business.

More than two thirds of our activities are able to take place remotely and we also won two large multi-year contracts at the beginning of the year, one with Health Education England and the other with Walsall Council which gave us a positive start to the year. We have several ongoing projects, funded by trusts and foundations and, as a result of the pandemic, they have fully funded these projects in order to support the charity. In addition we have a number of commissioned or partnership projects whose funding will not be effected by the pandemic although the delivery may be slightly delayed.

RSPH has a loyal and committed membership and we have been communicating regularly with them during this national emergency and providing up to date information and support. At the present time we are envisaging only a small drop off in membership income, but we will have a better idea in the coming month. For the public we have created a Coronavirus Hub on the website bringing together current guidance and a series of expert blogs and films to support people around a number of issues including mental health in the lockdown, Sleep, social media use, vaccinations and food security.

As a result of the pandemic we have postponed (none have been cancelled) a number of events and conferences including our National Health and Wellbeing Awards. Many of these events were supported by our corporate members as a benefit of their membership and have created a new rise of webinars related to Covid 19 issues and have diverted the funding to support the webinars. As a result we have seen an increase in corporate support and a large increase in webinar participation.

Our awarding body has seen the most severe impact from the pandemic as our many centres can no long provide training for the qualifications due to social distancing measures. There are a few qualifications which we are able to conduct remotely and we await guidance from the regulator, Ofqual. We have furloughed a small number of staff due to the drop in activity.

The management team has worked to develop a new financial forecast for the year and we have looked at a number of options depending on the length and severity of the lockdown. We have also discussed our plans for mitigation regularly with the Audit and Risk Committee.

We were fortunate to exchange contracts of sale on our historic building at 28 Portland Place in February 2020 with a completion date of early April. As a result of the pandemic, a delay to the completion has been agreed for September 1, however we now have access to the 10% building deposit and a further compensatory sum for agreeing to a delayed completion, with a total of £1.2 million. Although it is not our intention to fund the operations through this funding, it does mean that we have liquid assets at this time.

We have also ensured that our staff has access to support and help as well as regular contact with their managers. Our health champions have created regular virtual meetings so that staff can discuss non work issues and socialise.

Our digital future

The Covid 19 pandemic and the operational challenges and changes to working patterns has brought into sharp focus the need for RSPH to invest in our digital future and ensure our products and services are fit for purpose. We will be developing a digital strategy to underpin our work in this area, to provide greater support to qualifications and our centres, and to enable us to expand our e-learning offer and portfolio and further enhance the digital content which we can provide.

Arrival of new CEO and current business plan

We are currently mid-way through a 3-year business plan which was originally agreed by the Board in 2020. However this year will also see the arrival of our new Chief Executive in May 2020, and we anticipate that the new CEO may wish to carry out a strategic review of our activities and priorities. This will take place once the effects of Covid 19 on RSPH are fully understood.

2019-21 Business Plan

Operational targets are to:

- Be operationally sustainable/ profitable
- Be known for our digital work
- Have an increased membership: 7,000 by 2021 with the growth from Universities, Associate membership, Students and Corporates
- Have 2000 individuals accessing our e learning programmes and 1000 delegates at our conferences by 2021
- Increase Public Health journals downloads to 750,000 and Perspectives to 150,000 by 2021
- Be embedded in a region with a tested innovative programme: In the West Midlands with a regional Social Investment Fund
- Provide increased training, qualifications and acknowledgement for the wider workforce for the public's health: targeting new professional groups
- Be a hub/disseminator for good practice across a range of sectors/ issues and celebrating national best practice in health and wellbeing (expansion of the website to build on the Emergency Services and ACE Hubs and of the Health and Wellbeing Awards)

How we communicate/position RSPH, including:

- To lead on social media and health issues so that young people have a balanced approach to social media and improved mental health
- To be part of a national strategy for the wider workforce for the public's health, including mental health
- Understanding and communicating our contribution to closing the gap in health inequalities, including tackling the social determinants of health
- To have a health harms approach to drug policies
- To have the public's health and wellbeing embedded in agriculture policy
- To see an increase in health promoting environments including UK high streets (with a decrease in childhood obesity)

4. 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 2019. 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, 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 and in 2018 also held a Board away day.

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 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 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

- 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 over £2 million.

The Charity has a few restricted funds and at the end of the year total balance of the funds was £384,702. Please refer note 12 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. The total income from all sources has decreased by 19% to £2,850,952. (2018- £3,500,026).

Total expenditure for the year has also decreased by 14% to £3,129,608 (2018- £3,650,175) which includes an expenditure of £116,235 in relation to the restricted funds.

Total net expenditure before gains/(loss) on investments amounted to £278,656. (2018-net expenditure £150,149). As per the requirements of the SORP, the RSPH depreciates its leasehold property and an amount of £55,555 is included in the net results.

Providing qualifications is one of the main activities of the Charity, which has generated an income of nearly £933,980 for the year which is 9% lower than the previous year. The other main activities; membership and publishing have generated an income of £642,812 for the year, which is 3.6% lower than the previous year. Income from projects for the year is £363,185, which is 55% 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 £493,105 for the year.

Overall, the Charity's net expenditure after investment gains, unrealised losses and depreciation is £205,601 compared to a net expenditure of £208,956 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 acquired stocks with a value of £62,273 and disposed stocks with the market value of £230,915. The market value of the RSPH investment portfolio at the end of the year stood at £548,117 (2017- £643,704).

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.

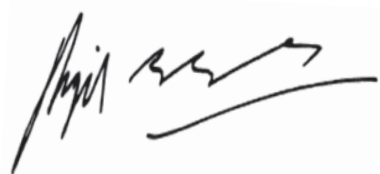
5. Statement of Trustees' responsibilities

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

6. Independent Auditor's Report to the Trustees of Royal Society for Public Health

Opinion

We have audited the financial statements of Royal Society for Public Health for the year ended 31 December 2019 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 2019, 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

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 10, 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.

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

Date: X XXXXXXX 2020

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

7. Statement of Financial Activities

Royal Society for Public Health

Statement of Financial Activities for the year ended 31 December 2019

			2019	2018
	Unrestricted Funds £	Restricted Funds £	TOTAL £	TOTAL £
INCOME FROM:				
Donations and sponsorship	46,095	-	46,095	41,847
Charitable activities 3(a)	2,343,442	89,640	2,433,082	3,016,282
<i>Other trading activities:</i>				
income	352,638	-	352,638	411,702
Investments	14,859	4,278	19,137	30,195
Total	2,757,034	93,918	2,850,952	3,500,026
EXPENDITURE ON:				
Raising funds				
Trading operations	326,779	-	326,779	369,482
Charitable activities	2,686,594	116,235	2,802,829	3,280,693
Total 3(b)	3,013,373	116,235	3,129,608	3,650,175
Net expenditure before gains/(loss) on investments	(256,339)	(22,317)	(278,656)	(150,149)
Net gain/losses on investments	73,055	-	73,055	(130,311)
Net expenditure	(183,284)	(22,317)	(205,601)	(208,956)
Reconciliation of funds				
Funds brought forward	11,230,550	407,019	11,637,569	11,846,525
Funds carried forward 12	11,047,266	384,702	11,431,968	11,637,569

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

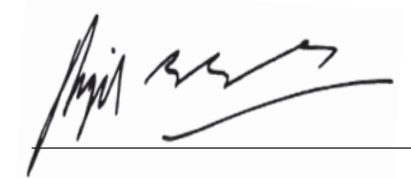
8. Balance Sheet

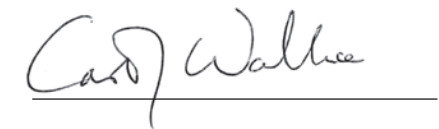
Royal Society for Public Health

Balance Sheet as at 31 December 2019

		2019	2018
	Note	£	£
Fixed Assets			
Tangible Assets	6	9,017,799	9,083,808
Investments	7	6,086,100	6,181,687
		15,103,899	15,265,495
Current Assets			
Stock		767	3,739
Debtors	8	449,572	409,260
Cash at bank and in hand		21,040	13,622
		471,379	426,621
Creditors: amounts falling due within one year	9	(1,161,215)	(876,817)
Net current liabilities		(689,836)	(450,196)
Total assets less current liabilities		14,414,063	14,815,299
Creditors: amounts falling due after more than one year	10	(2,982,095)	(3,177,730)
Net assets		11,431,968	11,637,569
Funds	12		
Restricted funds		384,702	407,019
Unrestricted funds			
General		2,050,612	2,201,001
Designated and revaluation reserve		8,996,654	9,029,549
		11,431,968	11,637,569

These financial statements were approved and authorised for issue by the Council on June 2020 and were signed below on its behalf by;


Mr Nigel Carter
Chair


Professor Carol Wallace
Treasurer

9. Statement of cashflow

Royal Society for Public Health

Statement of Cash Flows for the year ended 31 December 2019

	Restated	
	2019	2018
	£	£
Cash flows from operating activities (see note below)	(452,519)	(270,931)
<i>Cash flows from investing activities</i>		
Dividends received	19,137	30,195
Proceeds from sale of investments	230,915	390,479
Purchase of investments	(62,273)	(29,625)
Purchase of fixed assets	(1,112)	(14,473)
Net cash provided/(used) by investing activities	186,667	376,576
<i>Cash flows from financing activities</i>		
Repayments of borrowing	(200,323)	(204,288)
Net cash used in financing activities	(200,323)	(204,288)
Cash and cash equivalents at the beginning of the year	3,371	102,014
Cash and cash equivalents at the end of the year	(462,804)	3,371
Notes to the Cash Flow Statement	2019	2018
Reconciliation of Net Movement in Funds to Net cashflow from operating activities	£	£
Net (expenditure)/income for the year	(205,601)	(208,956)
Depreciation	67,121	93,332
Dividends and interest	(19,137)	(30,195)
Net loss/(gain) on investments	(73,055)	58,807
(Increase)/decrease in Debtors	(40,312)	145,447
Decrease in stock	2,972	-
(Decrease)/increase in Creditors	(184,507)	(329,366)
	(452,519)	(270,931)
	2019	2018
Analysis of Cash and Cash Equivalents	£	£
Cash at Bank and in hand	21,040	13,622
Bank overdraft	(483,844)	(10,251)
	(462,804)	3,371

10. Notes to the accounts

Report and financial statements for the year ended 31 December 2019

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

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. Due to the recent outbreak of Covid 19 pandemic, Trustees are regularly reviewing the impact on the Charities finances and satisfied that the Charity has adequate liquid reserves to tackle the impact.

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.

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).

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.

Governance costs

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.

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 and software - 3 years
- Office equipment - 3 years
- Office furniture - 3 years
- Long leasehold property - remainder of lease term

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.

Notes to the accounts cont...

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 by FRS102 for depreciation purposes.

The freehold property at 59 Mansell Street, London E1 was acquired by Charity on 27 January 2011 for £3.35 million. The Charity decided to adapt the policy of revaluation and the premises was valued at £7.35 million at 31 December 2017. This property is also split between tangible fixed assets (£4,631,682) and investment properties (£2,718,318) 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.

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. Estate Agents CBRE has been appointed to facilitate the sale. A sale has been agreed and the completion date is set as 1 September 2020.

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.

3. (a) 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
Accreditation	127,600	-	127,600
Projects	273,545	89,640	363,185
Training	62,293	-	62,293
Bookshop	17,114	-	17,114
	2,343,442	89,640	2,433,082

(b) Income - Charitable activities - 2018

	Un-restricted General funds £	Restricted funds £	2018 Total £
Qualifications	1,028,426	-	1,028,426
Membership and publishing	666,954	-	666,954
Courses & conferences	294,702	-	294,702
Accreditation	100,000	-	100,000
Projects	446,319	364,969	811,288
Training	92,150	-	92,150
Bookshop	22,762	-	22,762
	2,651,313	364,969	3,016,282

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.

Notes to the accounts cont...

3. (b) Total Expenditure - 2019

Costs of generating funds	Direct costs £	Support costs £	2019 Total £
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
Accreditation	67,257	50,704	117,961
Projects	285,388	232,093	517,481
Training	73,690	37,428	111,118
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

Total Expenditure - 2018

Costs of generating funds	Direct costs £	Support costs £	2018 Total £
Rental and room hire costs	211,589	149,996	361,585
Investment managers fees	7,897	-	7,897
	219,486	149,996	369,482

Charitable activities

Qualifications	654,970	409,266	1,064,236
Membership and publishing	350,837	247,956	598,793
Courses & conferences	257,529	96,828	354,357
Accreditation	37,870	34,926	72,796
Projects	646,914	211,925	858,839
Training	119,546	27,038	146,584
Bookshop	9,736	7,598	17,334
Policy and communications	167,754	-	167,754
	2,245,156	1,035,537	3,280,693
	2,464,642	1,185,533	3,650,175

Notes to the accounts cont...

3. (c) Support costs - 2019

	Premises £	Other Overheads £	2019 Total £
Costs of generating funds			
Rental and room hire costs	11,386	86,969	98,355
	11,386	86,969	98,355
Charitable activities			
Qualifications	45,545	308,069	353,614
Membership and publishing	27,833	182,779	210,612
Courses & conferences	7,591	93,359	100,950
Accreditation	17,712	32,992	50,704
Projects	22,772	209,320	232,092
Training	7,591	29,837	37,428
Bookshop	1,265	6,562	7,827
	130,309	862,918	993,227
	141,695	949,887	1,091,582

Support costs - 2018

	Premises £	Other Overheads £	2018 Total £
Costs of generating funds			
Rental and room hire costs	16,295	133,701	149,996
	16,295	133,701	149,996
Charitable activities			
Qualifications	44,912	364,354	409,266
Membership and publishing	26,958	220,998	247,956
Courses & conferences	10,033	86,796	96,828
Accreditation	3,762	31,163	34,926
Projects	22,966	188,959	211,925
Training	2,828	24,210	27,038
Bookshop	813	6,785	7,598
	112,272	923,265	1,035,537
	128,567	1,056,966	1,185,533

Notes to the accounts cont...

	2019 £	2018 £
Other overheads		
Overhead staff costs	427,077	432,920
Marketing and communications	65,506	95,828
Administration expenses	343,002	410,760
Governance	18,954	22,855
Loan interest and charges	95,347	94,603
	949,887	1,056,966

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

	2019 £	2018 £
AGM	-	612
Audit fees	13,050	12,650
Council meeting expenses	5,904	9,593
	18,954	22,855

3. (e) Staff costs

	2019 £	2018 £
Salaries	1,257,346	1,343,272
Social security costs	129,755	133,458
Pension and other benefits	168,188	133,800
	1,555,289	1,610,530

The average number of employees during the year was:

	2019 Number	2018 Number
Royal Society for Public Health	38	43
	38	43

Notes to the accounts cont...

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

	2019 Number	2018 Number
£90,001 - £100,000	1	1
£70,001 - £80,000	2	-
£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 £530,495. (2018 - £534,308)

3. (f) Related parties

Travelling expenses totalling £3,440 (2018 - £4,024) were reimbursed to (2018 - 8) trustees during the year to 31 December 2019.

Trustees liability insurance premium of £7,056 (2018 - £7,056) was paid in the period.

4. Operating costs

The deficit is stated after charging:	2019 £	2018 £
Depreciation charge	67,121	93,332
Auditors' remuneration	13,050	12,650
Finance costs	95,347	94,603

5. Commitments under operating leases

At 31 December 2019 the charity had annual commitments under non-cancellable operating leases as follows:

Operating leases - Equipment	2019 £	2018 £
Due within one year	7,214	17,731
Due within 2 to 5 years	5,981	2,335
	13,195	20,066

Notes to the accounts cont...

6. Tangible fixed assets

Cost	Freehold property £	Long leasehold property £	Computers & software £	Furniture & Office equipment £	Total £
At 1 January 2019 (restated)	4,631,682	4,570,756	189,867	238,054	9,630,359
Additions in the period	-	-	-	1,112	1,112
At 31 December 2019	4,631,682	4,570,756	189,867	239,166	9,631,471

Depreciation					
At 1 January 2019 (restated)	-	139,775	174,475	232,301	546,551
Charge for the period	-	55,555	7,016	4,550	67,121
At 31 December 2019	-	195,330	181,491	236,851	613,672

Net book value					
At 31 December 2019	4,631,682	4,375,426	8,376	2,315	9,017,799
At 31 December 2018	4,631,682	4,430,981	15,392	5,753	9,083,808

At 31 December 2019 there were authorised capital commitments of £Nil (2018: £Nil).

Historic cost and the revaluation of freehold property

Historic cost of the freehold property, 59 Mansell Street, was £3.35million. At 31 December 2017, this property was valued at £7.35 million by Richard Moss of Cluttons, a registered RICS valuer, split between tangible fixed assets (£4,631,682 as above) and investment properties (£2,718,318 as per note 11). The Trustees believe that this valuation reflects the realisable value of the premises under current market conditions.

Historic cost and the revaluation of long 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 (£4,750,756) 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. See note 11.

7. Investments

		Restated 2018 £
RSPH investment portfolio	2019 £	
Market Value of Investments on 1 January 2019	6,181,687	6,601,348
Additions	62,273	29,625
Disposal proceeds	(230,915)	(390,479)
Net Investment Gain/(Loss)	73,055	(58,807)
Balance at 31 December 2019	6,086,100	6,181,687
Historic Cost of Investments	1,677,821	1,320,650
Market value as at 31 December:		
Investment properties	5,537,983	5,537,983
UK listed investments	548,117	643,704
	6,086,100	6,181,687

Notes to the accounts cont...

Investment properties

59 Mansell Street was valued at £7.35 million by Richard Moss of Cluttons, a registered RICS valuer, in December 2017, split between tangible fixed assets (£4,631,682 as per note 6) and investment properties (£2,718,318). The Trustees believe that this valuation reflects the realisable value of the premises under current market conditions.

As per note 15 the charity exchanged contracts on the sale of 28 Portland Place in February 2020. The agreed sale price is £9,500,000 and this has been taken as the property's market value at 31 December 2019, with £2,819,665 attributable to investment properties and the remainder deemed a tangible fixed asset as per note 6.

8. Debtors

	2019 £	2018 £
Trade debtors	269,758	305,796
Other debtors	47,647	48,426
Prepayments	132,167	55,038
	449,572	409,260

9. Creditors: amounts falling due within one year

	2019 £	Restated 2018 £
Other taxes and social security costs	35,938	56,684
Trade and other creditors	274,523	267,979
Bank loans and overdraft	680,551	211,646
Accruals	27,866	177,740
Deferred Income	142,337	162,768
	1,161,215	876,817

Included within other creditors is an amount of £15,234 (2018: £14,832) of pension contributions to be paid across to scheme.

Deferred income-movements during the year:

	2019 £	2018 £
Balance at 1 January	162,768	573,995
Amounts released to income in the year	(162,768)	(573,995)
New deferred income in the year	142,337	162,768
Balance at 31 December	142,337	162,768

Notes to the accounts cont...

10. Creditors: amounts falling due after more than one year

	2019 £	2018 £
Bank loans	2,982,095	3,177,730
	2,982,095	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. The RSPH is paying interest at variable rate of base rate plus bank's margin of 2.15%.

The loan is repayable	£
- two to five years	786,827
- in more than 5 years	2,195,268
	2,982,095
- in one year	196,707
	3,178,802

11. Analysis of net assets - 2019

	General Fund £	Designated Fund £	Revaluation Reserve £	Restricted Fund £	2019 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)
	2,050,612	133,481	8,863,173	384,702	11,431,968

Analysis of net assets - 2018

	General Fund £	Designated Fund £	Revaluation Reserve £	Restricted Fund £	Restated 2018 Total £
Tangible fixed assets	1,302,371	-	7,781,437	-	9,083,808
Investments	5,108,806	-	1,072,881	-	6,181,687
Current assets	(155,629)	175,231	-	407,019	426,621
Liabilities	(4,054,547)	-	-	-	(4,054,547)
	2,201,001	175,231	8,854,318	407,019	11,637,569

Notes to the accounts cont...

12. Funds - 2019

	Restated				
	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
Gamble Aware	-	90,118	(13,235)	-	76,883
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

Notes to the accounts cont...

Funds - 2018

	Restated				
	1 Jan 18	Income	Expenditure	Gains, Losses & Transfers	31 Dec 18
	£	£	£	£	£
General fund	2,465,200	3,128,058	(3,463,761)	71,504	2,201,001
Designated funds and revaluation reserve					
Building Fund	135,258	-	(42,714)	82,687	175,231
Book shop Development Fund	14,953	-	-	(14,953)	-
Projects designated	41,673	-	-	(41,673)	-
Peter Gardner fund	2,916	-	-	(2,916)	-
Awards Fund - Unrestricted	23,145	-	-	(23,145)	-
Revaluation reserve	8,984,629	-	-	(130,311)	7,881,452
	9,202,574	-	(42,714)	(130,311)	9,029,549
Restricted funds					
Nigel Symonds	1,091	19	-	-	1,110
Harben Trust	79,221	1,386	-	-	80,607
Heggie fund	57,844	1,012	-	-	58,856
Thomas Latimer Cleave Memorial Trust	7,760	136	-	-	7,896
Awards Fund -	31,969	384	(10,000)	-	22,353
EMC Wilson Bequest Fund	866	15	-	-	881
Youth Health Champion (PHE) project	-	369,016	(133,700)	-	235,316
	178,751	371,968	(143,700)	-	407,019
Total funds - 2018	11,846,525	3,500,026	(3,650,175)	(58,807)	11,637,569

Notes to the accounts cont...

13. Funds

The 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 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 Awar - represents to establish and run Gambling Health Alliance

Robert Wood Johnson - to support the Health on the High Street campaign in the USA

14. Prior year adjustment

	Deficit for year ended 31 December 2018	Funds brought forward 1 January 2018	Total prior year adjustment
As previously stated	(208,956)	10,873,659	-
Restatement of prior year: (a) Classification of properties	-	972,866	972,866
As restated	(208,956)	11,846,525	972,866

a) The charity’s two properties, 59 Mansell Street and 28 Portland Place, were previously all recognised within tangible fixed assets. Both buildings are partially let to tenants and the relevant portion of each building has now been reclassified as investment property. This has resulted in an uplift in net assets due to the revaluation of the investment property element of 28 Portland Place to fair value, having previously been recognised at deemed cost within tangible fixed assets.

15. Post Balance Sheet Event

On 25 February 2020, the Charity exchanged contracts on the sale of its leasehold property at 28 Portland Place at a price of £9.5 million. The completion of the sale is set on 1 September 2020.



RSPH

ROYAL SOCIETY FOR PUBLIC HEALTH
VISION, VOICE AND PRACTICE

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