

Charity Registration No. 1125949
OSCR Registration No. SC040750

Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2016

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Reference and administrative details

Charity No:	1125949 SC040750	England & Wales Scotland
Principal and registered office:	John Snow House 59 Mansell Street London E1 8AN	
Trustees:	Members of the Council at 31 December 2016	
	Mr Phillip Woodward	- Chair
	Dr Nigel Carter	- Treasurer
	Dr Fiona Sim	
	Dr James Gibson	- left October 2016
	Professor Heather Hartwell	- left October 2016
	Professor Carol Wallace	
	Mr Malcolm Wright	
	Professor Sian Griffiths	
	Mr Vij Randeniya	
	Miss Jill Turner	
	Professor Kate Ardern	
	Mr Joe Stringer	
	Mr Tony Vickers-Byrne	- appointed December 2016
Bankers:	<p>HSBC Bank Wimbledon Branch 5 Wimbledon Hill Road London SW 19 7NF</p> <p>NatWest Bank Commercial Banking Mid- Town CBC 2 Waterhouse Square 138-142 Holborn London EC1N 2TH</p>	
Auditors:	haysmacintyre 26 Red Lion Square London WC1R 4AG	
Legal Advisors:	Hempsons 40 Villiers Street London WC2N 6NJ	
Pension Advisors:	Foster Denovo Ruxley House 2 Hamm Moor Lane Addlestone Surrey KT15 2SA	
Investment Advisors:	Rathbones Investment Management Ltd 1 Curzon Street London W1J 5FB	

Report of the Trustees for the year ended 31 December 2016

The Trustees are pleased to present their report together with the financial statements of the charity for the year ended 31 December 2016. 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

The Royal Society for Public Health (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 the 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.

The 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.

The 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. Two trustees received remuneration as Editors of our journals, the details of which have been declared under the related party disclosures. The Executive Management Team members are the Chief Executive, Director of Membership & Events, Director of External Affairs, Director of Finance & Corporate Resources, Director of Innovation, Head of Qualifications, Head of Education Services and Head of Development and Innovation.

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.
1. 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
 2. 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.
 3. Last year, the Charity secured 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 engage 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 held by the RSPH should be approximately two thirds of the expenditure. The budgeted expenditure for the year is £3.6 million and therefore, the target reserve level is approximately £2.4 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 £2.39 million.

The Designated Funds of the Charity comprises the Building Fund, Bookshop Development Fund, Peter Gardener Fund and the Awards Funds. The Building fund was set aside for the repairs and maintenance for both of the Charity's properties and at the end of the year the balance of this fund was £179,849. There were no movements in the other designated funds during the year and at the end of the year total designated funds balance was £220,863. Please refer note 12 of the accounts.

During the year the Charity received the following sums for the restricted purposes;

1. Youth Health Champion Project Fund - £60,338 received from Public Health England to support the education and training of young people.
2. IHM Education Fund - £3,691 received as gain on disposal of investments and dividends.

The Charity also has a few other restricted funds for many years and at the end of the year total balance of the funds was £246,999. Please refer note 12 of the accounts.

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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 certify products, training centres and processes.

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 10.8% to £3,357,203. (2015-£3,763,497).

Total expenditure for the year has decreased by 3.6% to £3,670,973 (2015- £3,809,602) which includes an expenditure of £81,613 in relation to the designated fund, Building Fund. Total net expenditure before gains/(loss) on investments amounted to £313,770. (2015-expenditure £46,105). As per the requirements of the SORP, the RSPH has started depreciating its leasehold property from this year 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 over £1 million for the year which is 9% lower than the previous year. The other main activities; Membership and publishing have generated an income of £615,066 for the year which is 7% higher than previous year. The activities of the Institute of Healthcare Management were ceased in October 2016 with an income of £303,126 which is 45% lower than previous year. In addition to this, the Charity has also provided other activities such as Courses & conferences, Accreditations services, Training, Special projects and Bookshop which have generated a combined income of £924,063 for the year.

Overall the Charity made a net expenditure after investment gains and depreciation of £182,126 compared to a net expenditure of £37,164 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 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 disposed stocks with the market value of £353,101 and released £160,000 of the proceeds to support the cashflow. The remainder of the amount was re-invested in other stocks.

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The market value of the RSPH investment portfolio at the end of the year stood at £1,078,298. (2015-£1,088,389).

At the end of the year the unrealised gain on opening market value stood at £37,320

Review of Activities 2016

The Royal Society for Public Health is a multidisciplinary organisation dedicated to the promotion and protection of collective human health and wellbeing and has a long history of providing information, education, advocacy, training and development to improve the public's health and wellbeing

2016 represented the third year of our 5 year strategic plan (2014-19) and significant progress was made in all our activities which support our vision that ' *Everyone has the opportunity to optimize their health and wellbeing*'. RSPH was particularly successful in creating new education solutions and public campaigns towards our 3 strategic goals:

- Enabling communities to make the most of their health and wellbeing
- Developing and supporting networks of individuals and organisations concerned with improving the public's health
- Being the trusted, independent voice for the public's health and wellbeing

All the activities of the 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.

We were not able to achieve our budgeted target of breakeven position during 2016 due to some specific reasons which should be positive for the future. We were pleased that the transfer of IHM during the year has meant that we took the 'one off hit' in 2016 rather than have an increase in potential losses in the years ahead and also that the transfer would be a better synergy for IHM members. We also had an unexpected loss of one of our tenants at 28 Portland Place which necessitated repairs to that floor. More concerning for the mid to long term was the drop in income from qualifications and training which is indicative of a complex and changing marketplace. We did amend our plans during the year to take this into consideration. Despite not achieving our budget we did achieve our goals in many areas during the year.

Key Activities 2016

- The transfer of the Institute of Health Care Management in October 2016
- The development of the new Level 2 Award in Improving the Public's Health to support new progression routes into a public health career and to support the wider public health workforce
- Developing the systems for the journals "Public Health" and "Perspectives in Public Health" and increasing their readership and influence both nationally and internationally
- Developing a plan for social innovation
- Launching several new campaigns which gained national and international headlines, most notably 'Taking a new line on drugs'

Transfer of the Institute of Health Care Management (IHM)

At the end of 2015 we reviewed the future of the IHM which had joined the RSPH in November 2012. For 3 years the RSPH had worked with IHM members supporting regional and national events, developing policy papers and education programmes for health leaders and managers. Although there were many successes across the span of activity, we continued to see a decline in membership and there was a considerable complexity in the RSPH management team running two very different organisations. During 2016, we had the opportunity to transfer IHM England, Wales and Northern Ireland to an organisation that could provide a robust focus on the needs of health service leaders and managers and that already had regular communications with leaders in the NHS. In October, the IHM transferred to the 'Academy of Fabulous Stuff' who were also able to recruit a dedicated Chief Executive. In parallel the IHM in Scotland wanted to become an independent organisation and in December we transferred the IHM Scottish members to a new IHM in Scotland.

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Championing the Public's Health
External Affairs: Policy and Campaigns

2016 was another successful year in our work to be the champion for the public's health and we continued our principle of including the views of the general public in all our policy papers and campaigns. We believe that alongside the evidence base for specific issues we need to reflect the voice of the public to develop increased public engagement and dialogue which in turn will support people to make healthier, evidence based choices for their own lives.

This year we increased our partnership and stakeholder working in the development of our policy papers and campaigns and also carried forward some campaigns (alcohol calorie labelling) from previous years. During 2016, we also built up our parliamentary profile by working closely with key members of parliament on specific issues and with members of the House of Lords. We held meetings with the Public Health Minister, Shadow Public Health Minister and Shadow Minister for Mental Health.

The Chief Executive gave evidence at the Health Select Committee in February on 'public health after its move to local authorities' alongside Sir Michael Marmot and she gave evidence to the Lords Committee on the Sustainability of the NHS in December. Both sets of evidence discussed the role of the workforce.

Our first media campaign was our 'Activity equivalents Calorie Labelling' policy paper, which called for food and drink to carry icons showing how much activity would be required to expend the calories in the product. This policy paper garnered national attention with 439 articles and 105 pieces of broadcast coverage with an estimated reach of 265m people and a value of £2.5m. We had international coverage in China, New Zealand and the USA where it was featured on national day time TV. In April we produced an opinion piece on Activity Equivalents in the British Medical Journal (BMJ) and despite the good media spread in January we received unprecedented coverage again in April. RSPH staff and Trustees appeared on all the national news programmes and on NBC Nightly News in the USA. In total there were 1500 pieces of press and broadcast coverage with an estimated reach of over 500 million people and a value of approximately £5m. This has shown us that the public has the appetite for explicit and easy to read labels on food and we will take this policy forward during 2017.

In April, we published a joint report with the University of Oxford entitled, 'Waking up to the Health Benefits of Sleep' which set out the evidence of the importance of sleep to the nation's health and wellbeing and linked poor sleep and sleep deprivation to many unhealthy behaviours, diseases and negative mental wellbeing. We set out a range of policy recommendations including the 'slumber number'. This report received excellent coverage in all the national press and broadcast media including Newsnight and the Victoria Derbyshire Show. The report was welcomed and supported by the wider public health community.

In June we published a report with our partner Slimming World on the 'Child's Obesity Strategy' which was the views of young people about what the long awaited Government, Childhood Obesity Strategy should include. It received good publicity and most importantly highlighted that young people had positive and useful contributions to the debate and that we should listen to them. We worked with our Youth Health Movement team on the report. We will continue to explore the views of young people in our further papers with the Youth Health Movement.

In the summer we also produced our major report for 2016, 'Taking a New Line on Drugs'. This was a comprehensive review of drugs strategy in the UK and we set out a new vision for a holistic public health- led approach to drugs policy, including alcohol and tobacco. We focused on harm reduction policies and the need for a new legal framework. We worked very closely with a very broad range of organisations and individuals with interests in this area and the resulting report garnered real consensus for the first time and indicated that although this Government is unlikely to change their policies, the direction highlighted by the RSPH and gaining ground in other countries, is likely to be the way forward in the longer term. We were delighted that as well as excellent media coverage we achieved our first editorial and also front page of the Times. We also had a lead piece by the senior economist, Martin Wolf in the Financial Times.

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In August, we launched, 'Health in a Hurry', our policy paper on the health and wellbeing of commuters. It was a timely piece as the strikes and disruption in rail services had created a groundswell of concern about the effects of commuting on the public and it also coincided with many employers reviewing their health and wellbeing strategies.

In November, our co- branded RSPH and Public Health England pharmacy report was launched, 'Building Capacity: realising the potential of community pharmacy for improving public health'. This was due to be published in March but due to the change of government it was delayed. This report built on RSPH's long support for community pharmacy's role in public health and recommended how this might be strengthened in the future.

During 2016 we continued our partnerships with Unilever to report on their global education campaign on handwashing and with the Health Foundation on developing a new narrative on prevention.

RSPH 160th Anniversary

2016 was an important year in the history of RSPH as it marked our 160th anniversary and we decided to celebrate this through a joint event with the Association of Directors of Public Health (also 160 years old) after our AGM. We also commissioned an art work with a historical theme. Hogarth's 'Gin Lane' caused a stir in 1751 as it depicted the public health issue of the time, drunkenness as a result of the availability of cheap gin. We commissioned an artist to depict 'Gin Lane, 2016' which highlighted the public health issues of today. The painting received good media coverage in the print and broadcast media as well as a double page spread in the BMJ. The original is now on loan to the Foundling Museum. As a result of the publicity there was a demand for Gin Lane 2016 and we have reproduced the painting as a print and on a tea towel. These are now being sold to benefit RSPH.

Education Services

During 2016, it became clear that we need to amend our structure for some of our education programmes and so we created 'Education Services' to develop and implement our training and accreditation services and 'Innovation and Development' to work on emerging ideas and programmes.

Education Services needed to make some changes in their processes and marketing during the year and were also affected by key staff leaving, resulting in a budget underperformance but a department that is now more fit for purpose for the future. We recruited a new Training Manager to lessen our dependency on associates and reviewed all our training protocols and approaches. We also created a more structured pipeline for our products and services. Education Services also provides all the marketing for their services and for Qualifications.

We retained all our Accreditation clients for the year including Unilever, Sainsbury's and Bourne Leisure and had a number of significant contracts for training with local authorities. We created and delivered new training the trainer programmes and supported the Youth Health Movement.

Qualifications

The RSPH qualifications in health protection and health improvement continue to be standard for many local authorities and communities and we are known to be the awarding body for a large part of the sector. However, 2016 has once again seen an overall reduction of regulated qualifications for the vast majority of awarding organisations. There is an annual reduction in the market of 11% for the year and a continuing downward trend in candidate numbers for the food safety qualifications. This is as a result of food safety qualifications being voluntary rather than mandatory. The result for the year is that we had 50.7k candidate numbers in 2016 compared to 63.5k in 2015. The income for the year was slightly better than these numbers might indicate at just over £1m compared to 1.1m in 2015. This is due to our successful Pest Control qualifications being of higher value. We created 22 new qualifications in 2016 and withdrew 10 older qualifications due to low uptake and/or their being replaced by newer qualifications. For many of our students, our qualifications provide the start of their career to improve and protect the public's health and this is a major strand of our work with the wider workforce and to provide underpinning knowledge for those working in communities.

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During 2016 we continued to develop our new learner management system, Quartz, which has increased both our efficiency and effectiveness. Quartzweb was successfully launched to centres during July providing access to booking candidate records, results and e certificate. We also developed sector advisory panels for each qualification sector during 2016 which broadened the expertise we can call upon during the year.

Innovation and Development

During May 2016, an expert in social innovation reviewed our activities over several years and concluded that RSPH had been the social innovator for the public's health. Our work in developing health champions, the wider workforce, new qualifications, the youth health movement and a range of our campaigns are all considered innovations in our sector which could lead to systems change to improve and protect the public's health. It was decided that RSPH should develop a new narrative around our work and have a designated area to enable us to build for the future.

Innovation and development focuses on developing strategic partnerships, consultancy, and working on new projects and collaborations. This work will lead to new products and services. This change acknowledges the fast moving environment in health and wellbeing and the new alliances and collaborations that are being forged as a result of devolution

The Youth Health Movement moved to this department and a part time manager was recruited to build the movement and brand. PHE continued their support to create new young health champions in disadvantaged areas and to support bursaries for the training and qualification.

Mental health has long been a priority for RSPH and resilience and improving mental wellbeing is built into our training and qualifications. In 2016, we worked with Health Education England to develop plans to roll out "Connect 5" (the mental wellbeing programme) across England. A secondee from the Connect 5 joined RSPH during the year to work with our staff to promote and develop a plan for the programme.

We were pleased to continue the development for Healthy Living Pharmacies (HLP) by winning the contract from PHE to develop the pilot programme for the HLP Register and quality assurance programme.

Promoting the Wider Workforce

In 2016, we worked across the organisation to develop the wider workforce, which has been a theme and priority for RSPH for a number of years. Our leadership of the cross government 'People in UK Public Health' Advisory Group helps to navigate new progression routes for those who want to have a career in public health and who come from a variety of professional backgrounds. We also worked with the West Midlands Fire and Ambulance Services and the Ashram Housing Group to develop appropriate training and frameworks. RSPH also led on the work to develop an Apprenticeship in Health Improvement and encouraging young people to consider a career in the public's health.

A major achievement for the year, which involved staff from across the organisation, was the development of the new Level 2 Award in Improving the Public's Health. This qualification is mapped to the new Public Health Skills and Knowledge Framework and will be an important qualification for those in the wider workforce who are looking to increase their public health knowledge and confidence. Our Associate Membership is for those from the wider workforce to become part of the public health family and we attracted over 300 new Associate Members in 2016.

Inaugural Health and Wellbeing Awards

In previous years we have held a number of different celebrations for our awards and in 2016 we brought them altogether in our first annual Health and Wellbeing Awards: Championing the Public's Health. Our goal is to provide a national celebration for organisations and individuals who have achieved excellence in improving and protecting the public's health. Our dinner event was held at the Royal College of Surgeons with 240 guests. The evening was hosted by Angela Rippon and our Vice President, Lord Patel of Bradford. We were delighted that the new Public Health Minister, Nicola Blackwood attended to present the Award in her name and that our entertainment included the Military Wives Choir as a

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good example of the importance of Arts and Health. The ITN film for 2016 was launched at the event and was very well received.

RSPH Membership

Our membership offer gives us the opportunity to develop a much deeper relationship with influencers in key markets. By broadening our scope to include student and associate membership we are able to strengthen our offer and in 2016 we reached our target number of members for the year. We also increased numbers due to our new Arts and Health Special Interest Group. Student membership was integrated with offers of accreditation and qualifications for undergraduate degree courses to secure strong relationships with universities.

The development of webinars related to our special interest groups has improved our offer to members and we ran 10 webinars in 2016. These allow national and international members to hear subject experts from across the world on Water and Arts and Health.

Conferences

Attendance and customer satisfaction also remained high for our active conference programme. Topics included water safety, Are we too clean and the hygiene hypothesis, food safety, behaviour change, youth health champions, legionnaires, domestic abuse, allergies and arts and health. Our Diploma in Occupational Medicine course was fully booked for both two week courses with 100% of delegates happy to recommend to a colleague.

We also attended various external conferences including the LGA/ADPH annual public health conference and exhibition, Health and Wellbeing at Work, Primary Care and Public Health, Public Health England Conference, Emergency Services Skills Show and Food Matters Live.

Digital

The most important digital event for RSPH in 2016 was the launch of the new website in July. This project was over a year in the planning and had the objective of ensuring that RSPH's core digital communication platform was capable of supporting its coming business objectives as well as delivering a first class user experience across all devices.

Similar to the previous year, three of the top five visited pages in 2016 related to qualifications, while the other two were the home page and the Public Health journal page. Mobile and tablet use has seen a modest increase and now accounts for 27% of total traffic.

Late 2016 saw significant planning and preparation in readiness to upgrade the CRM system to the latest version in early 2017. This upgrade will ensure that RSPH has access to the latest functionality to support membership growth and other business needs.

Social media has also increased in value as a communication channel for RSPH. While Facebook and LinkedIn support the growth of brand presence and equity, Twitter has shown the most impressive development: the number of tweets (posts) increased by 39.5% on 2015, which resulted in a significant increase in engagement.

Public Health Journal

The journal *Public Health* has had another positive and successful year, both financially and academically. In 2016, journal usage increased to just under half a million downloads, with a total 492,677 individual full-text article downloads surpassing our target of 420,000. There was a 25% increase in submissions to the journal, with 1245 submissions received in 2016, compared to 1007 in 2015 and the journal Impact Factor increased to 1.566 from 1.434. We published three mini-symposia in 2016 on Sociology, Environment and Health, Nutrition Education for Public Health and Extreme Epidemiology which were all well received. The most-downloaded article published in 2016 on changing health behaviour has also received high levels on engagement on social media. The journal has continued to receive international submissions and readership, with submissions from nearly 60 countries in 2016.

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Both our Public Health Journal editors, Dr Sim and Mr Mackie attended the American Public Health Association Conference in Denver along with our treasurer, Dr Carter and Mr Stephenson, Head of External Affairs. RSPH had a well-attended special session with Sir Michael Marmot and Mr Stephenson presented on our Health on the High Street campaign and its applicability for the USA. Fiona also ran a popular session on 'Getting Published'.

Perspectives in Public Health

Perspectives in Public Health is the RSPH's journal for members which has a broad and international readership across the public health field. In 2016 two special issues were published on Innovations in Healthy Aging and the Hygiene Misnomer. The journal received a 58.7% increase in submission from 2015 to 2016, which demonstrates the increasing academic value of the journal. The Impact Factor has fallen slightly from the previous year to 0.987 with the 5-year Impact Factor remaining steady at 1.294. The journal has seen the number of full-text downloads remain similar to the previous year, with 102,111 full-text downloads in 2016.

Rental Income and Room Hire

The RSPH is hugely privileged to own the long leasehold interest of the premises at 28 Portland Place. The building is mainly used in pursuance of RSPH charitable activities. Most of our courses and conferences and Trustees meetings are held here. RSPH also sub-lets the excess office space in the building to other Charities who are working in the public health sector. Conference rooms on the ground and first floors are hired out to other organisations to utilise the spare capacity and managed for this purpose by an external professional venue management company with whom we have a commercial contract.

The RSPH also uses its offices at John Snow House to accommodate training and meeting rooms for its own use. Spare capacity of the rooms is hired out to other organisations.

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.

Plan for the future

We recognise that the vote to leave the European Union in June 2016 will have an effect on the future context for all organisations in the UK. 2017 is the 4th year of our 5-year plan and we have amended our plan to take account of the new environment. We understand that there will be both challenges and opportunities in a post Brexit Britain. We are entering a period of considerable uncertainty in terms of the public's health as the ring fence for the public health budget to local authorities will be removed in April 2019 and the next two years will involve a transition and planning to ensure that health inequalities are not increased by these changes.

During 2016, we explored our role as innovators in the public's health and the potential to extend this in our strategic priorities. During 2017 we will establish ourselves as social innovators for the public's health with the aim of working with new funders and partners. We will focus on innovation to create system's change by developing a social investment fund to provide small, accessible loans to the third sector to provide an alternative method of funding for sustainability and growth. We will also implement Health on the High Street 2 to help create place based change and stimulate co-production with organisations and businesses in disadvantaged areas. The third arm of our innovation journey will be to expand our Young Health Movement across more schools, organisations and through social media. We will produce a special report on social media and health based on information from the Young Health Movement.

With the launch of our new level 2 Award, 'Improving the Public's Health', we will have a new qualification and training to support the wider workforce across the country. We will develop a report in partnership with the Professional Standards body to highlight the role of their members in public health and we will develop Alcohol Health Champions with the newly devolved Manchester region. We will

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also deliver our wider workforce training programmes in Wales during 2017 to increase our UK presence and these will be in the Neath Port Talbot area. We will work with Public Health Wales to roll out similar programmes in Wales to support the Future Generations Act

RSPH will continue to expand our work in supporting mental wellbeing by rolling out 'Connect 5', the nationally recognised training programme across the North West with a view to extending it across the country. In 2017 we will also build on our work in setting up the first Healthy Living Pharmacy Registry by assessing against the HLP standards and developing the registry to include pharmacies across England.

Given the unsettled qualifications market RSPH will review our scope of qualification recognition with Ofqual and withdraw from specific sectors, this will give us the opportunity to develop non regulated provision as required, including bespoke qualifications for key clients. Developing new qualifications for improving and protecting the public's health will remain an important part of our work.

We have a growing and increasingly active membership due to our expanding Special Interest Groups and in 2017, we will not only be developing these groups but also implementing a membership recruitment and retention plan. Alongside this we will increase the number of special issues of our journals and also streamline journal operations. We anticipate that the article submissions to our journals will grow in 2017 along with the readership based on past trends and the growing influence of both journals.

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.



Phillip Woodward
Chair of Council

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

We have audited the financial statements of Royal Society for Public Health for the year ended 31 December 2016 which comprise the Statement of Financial Activities, the Balance Sheet, Cash Flow Statement and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the charity's members, as a body, in accordance with Section 144 of the Charities Act 2011 and regulations made under section 154 of the Act, and section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and regulation 10 of the Charities Accounts (Scotland) Regulations 2006. 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 Auditors' Report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity's trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of trustees and auditors

As explained more fully in the Trustees' Responsibilities Statement set out on page 12, the trustees are responsible for the preparation of financial statements which give a true and fair view.

We have been appointed as auditor under section 144 of the Charities Act 2011 and section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and report in accordance with regulations made under section 154 and section 44 of those Acts respectively. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's (APB's) Ethical Standards for Auditors.

Scope of the audit of the financial statements

A description of the scope of an audit of financial statements is provided on the Financial Reporting Council's website at www.frc.org.uk/auditscopeukprivate.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 December 2016, and of its net movements in funds, 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, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended) and the Royal Charter.

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 and Charity Accounts (Scotland) Regulations 2006 (as amended) requires us to report to you if, in our opinion:

- the information given in the Trustees Annual Report is inconsistent in only material respect with the financial statements; or
- sufficient accounting records have not been kept; 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 require for our audit.

Haysmacintyre
Statutory Auditor

26 Red Lion Square
London
WC1R 4AG

Date: 20 June 2017

Haysmacintyre is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006.

Royal Society for Public Health
Statement of Financial Activities
for the year ended 31 December 2016

		Unrestricted	Restricted	2016	Re-stated 2015
		Designated Funds and Revaluation Reserves £	General Funds £	Funds £	Total £
Income from:					£
Donations and sponsorship		-	25,900	-	25,900
Charitable activities	3(a)	-	2,795,746	61,575	2,857,321
Other trading activities:					
Rental, room hire and other income		-	442,633	-	442,633
Investments			28,300	3,049	31,349
Total		-	3,292,579	64,624	3,357,203
Expenditure on:					
Raising funds					
Trading operations		81,613	314,398	989	397,000
Charitable activities		33,166	3,075,141	165,666	3,273,973
Total	3(b)	114,779	3,389,539	166,655	3,670,973
Net expenditure before gains/(loss) on investments		(114,779)	(96,960)	(102,031)	(313,770)
Investment gains and losses:					
Realised investment gain		-	90,633	3,691	94,324
Unrealised investment gain/(loss)		37,320	-	-	37,320
Net expenditure		(77,459)	(6,327)	(98,340)	(182,126)
Increase in revaluation reserve		550,000	-	-	550,000
Net movement in funds		472,541	(6,327)	(98,340)	367,874
Reconciliation of funds					
Funds brought forward as previously reported		8,156,375	2,401,165	345,339	10,902,879
Prior Year Adjustments	13	-	-	-	94,416
Revised funds brought forward		8,156,375	2,401,165	345,339	10,902,879
Funds carried forward	12	8,628,916	2,394,838	246,999	11,270,753

All transactions are derived from continuing operations except the IHM activity which ceased on 1 October 2016 and the Certification activity which ceased on 31 May 2015. See notes 3(a) and 3(b).

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

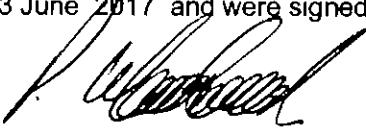
Royal Society for Public Health

Balance Sheet

as at 31 December 2016

		2016	Re-stated 2015
	Note	£	£
Fixed Assets			
Tangible Assets	6	14,126,105	13,613,225
Investments	7	1,078,298	1,173,591
		<u>15,204,403</u>	<u>14,786,816</u>
Current Assets			
Stock		4,378	4,378
Debtors	8	474,059	475,289
Cash at bank and in hand		40,754	255,603
		<u>519,191</u>	<u>735,270</u>
Creditors: amounts falling due within one year	9	(859,972)	(853,987)
Net current liabilities		<u>(340,781)</u>	<u>(118,717)</u>
Total assets less current liabilities		14,863,622	14,668,099
Creditors: amounts falling due after more than one year	10	(3,592,869)	(3,765,220)
Net assets		<u>11,270,753</u>	<u>10,902,879</u>
Funds	12		
Restricted funds		246,999	345,339
Unrestricted funds			
General		2,394,838	2,401,165
Designated and revaluation reserve		8,628,916	8,156,375
		<u>11,270,753</u>	<u>10,902,879</u>

These financial statements were approved and authorised for issue by the Council on 13 June 2017 and were signed below on its behalf by;


Mr Phillip Woodward
Chair


Dr Nigel Carter
Treasurer

Royal Society for Public Health
Statement of Cash Flows
for the year ended 31 December 2016

	2016	Re-stated
	£	2015
	£	£
Cash flows from operating activities (see note below)	(242,289)	(114,888)
<i>Cash flows from investing activities</i>		
Dividends received	31,349	39,487
Proceeds from sale of RSPH investments	353,049	309,475
Proceeds from sale of IHM education fund investments	88,893	-
Increase in IHM education fund investments	-	(85,603)
Purchase of investments	(215,005)	(24,909)
Purchase of fixed assets	(75,136)	(25,678)
Net cash provided/(used) by Investing activities	183,150	212,772
<i>Cash flows from financing activities</i>		
Repayments of borrowing	(155,710)	(178,951)
Net cash used in financing activities	(155,710)	(178,951)
Cash and cash equivalents at the beginning of the year	255,603	336,670
Cash and cash equivalents at the end of the year	40,754	255,603
Notes to the Cash Flow Statement	2,016	2,015
Reconciliation of Net Movement in Funds to Net cashflow from operating activities	£	£
Net (expenditure)/income for the year	(182,126)	(37,164)
Depreciation	112,256	95,804
Amortisation		18,879
Dividends and interest	(31,349)	(39,487)
Net gain on investments	(131,644)	(8,941)
(Increase)/decrease in Debtors	1,230	(123,261)
(Decrease)/increase in Creditors	(10,656)	(20,718)
	(242,289)	(114,888)
Analysis of Cash and Cash Equivalents	2,016	2,015
	£	£
Cash at Bank and in hand	40,754	255,603

Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2016
Notes to the accounts

1 Accounting policies

Basis of preparation

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

Prior year adjustments

In 2015, the Charity reported its leasehold building at the re-valuation amount of £10.45 million and no depreciation was charged to this building. However, in accordance with FRS 102, Trustees have revisited and corrected this approach in this year's accounts. All necessary adjustments were made to the opening balances. See note 13.

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. 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 incoming resources are 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. Membership income is accounted on a receipt basis and all other income are 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.

The accounting treatment of membership income have changed from 'accruals' basis to 'receipts' basis from this year. As a result, a prior year adjustment was made to the 2015 comparative numbers. See note 13.

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.

Judgements and estimates

Judgements made by the Trustee, in the application of these accounting policies that have significant effect on the financial statements and estimates with a significant risk of material adjustment in the next year are deemed to be in relation to the valuation of investments and are discussed below.

Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2016
Notes to the accounts – cont'd....

1 Accounting policies cont'd...

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

- Leasehold building -117 years
- Computer hardware and software - 3 years
- Office equipment - 3 years
- Office furniture - 3 years

The lease on the property at 28 Portland Place expires in the year 2131. Historic cost of the property is £2,619,065 and this was revalued at £6.5 million in December 2014. Charity decided to adopt the policy to freeze the value of this building at £6.5 million and to depreciate it over the remainder of its lease term. The value of this property at 31 December 2016 was £9.75 million. See note 13.

The freehold property at 59 Mansell Street, London E1 was acquired by Charity on 27 January 2011 for £3.35million. The Charity decided to adapt the policy of revaluation and the premises was valued at £7.65 million at 31 December 2016 and the Trustees believe that the current valuation reflects the realisable value of the premises under current market conditions. The trustees have agreed not to depreciate the freehold property as the residual value is deemed to be equivalent to its current value and is expected to be maintained in the state that it is currently in for the remainder of its life, depreciation would therefore be nil.

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.

Goodwill

Goodwill is the difference between amounts paid on the acquisition of a business and the fair value of the identifiable assets and liabilities. It is amortised to the Income and expenditure account over its estimated economic life.

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 at bank and in hand

Cash at bank and cash in hand includes cash only.

Creditors and provisions

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

**Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2016**

Notes to the accounts – cont'd....

1 Accounting policies cont'd...

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.

				Re-stated
3 (a) Income - Charitable activities	Un-restricted General funds	Restricted funds	2016 Total	2015 Total
	£	£	£	£
Qualifications	1,015,066	-	1,015,066	1,112,648
Membership and publishing	615,066	-	615,066	578,788
Courses & conferences	266,677	-	266,677	214,295
*Certification	-	-	-	97,488
Accreditation	171,300	-	171,300	159,874
Projects	216,890	60,338	277,228	240,605
Training	191,886	-	191,886	242,834
* Institute of Healthcare Management	301,889	1,237	303,126	553,910
Bookshop	16,972	-	16,972	14,747
	<u>2,795,746</u>	<u>61,575</u>	<u>2,857,321</u>	<u>3,215,189</u>

* The certification activity was dis-continued in 2015 and Institute of Healthcare Management activity was dis-continued in October 2016 .

3 (b) Total Expenditure	Un-restricted costs	Restricted costs	2016 Total	2015 Total
	£	£	£	£
<i>Costs of generating funds</i>				
Rental and room hire costs	389,987	989	390,976	398,773
Investment managers fees	6,024	-	6,024	8,902
	<u>396,011</u>	<u>989</u>	<u>397,000</u>	<u>407,675</u>
<i>Charitable activities</i>				
Qualifications	1,010,847	-	1,010,847	1,035,208
Membership and publishing	550,003	-	550,003	496,533
Courses & conferences	294,126	12,000	306,126	239,034
*Certification	-	-	-	110,687
Accreditation	139,027	-	139,027	139,551
Projects	116,409	80,491	196,900	151,111
Training	296,104	-	296,104	322,081
* Institute of Healthcare Management	373,884	73,175	447,059	583,089
Bookshop	19,606	-	19,606	25,156
Policy and communications	308,301	-	308,301	299,227
Awards	-	-	-	250
	<u>3,108,307</u>	<u>165,666</u>	<u>3,273,973</u>	<u>3,401,927</u>
	<u>3,504,318</u>	<u>166,655</u>	<u>3,670,973</u>	<u>3,809,602</u>

* The certification activity was dis-continued in 2015 and Institute of Healthcare Management activity was dis-continued in October 2016 .

**Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2016**

Notes to the accounts – cont'd....

Re-stated

3 (c)Support costs	Premises	Other Overheads	2016 Total	2015 Total
	£	£	£	£
<i>Costs of generating funds</i>				
Rental and room hire income	-	152,402	152,402	163,183
	-	152,402	152,402	163,183
<i>Charitable activities</i>				
Qualifications	27,733	418,052	445,785	450,799
Membership and publishing	10,217	190,898	201,115	210,420
Courses & conferences	4,379	80,156	84,535	81,463
Certification	-	-	-	32,223
Accreditation	5,839	59,586	65,424	61,435
Special projects	4,379	41,166	45,545	40,642
Training	7,298	120,365	127,664	107,641
Institute of Healthcare Management	14,596	146,941	161,537	203,186
Bookshop	730	4,068	4,799	7,744
	75,171	1,061,232	1,136,403	1,195,553
	75,170	1,213,634	1,288,805	1,358,736
Other Overheads;			2016	2015
			£	£
- Overhead staff costs			465,670	473,589
- Premises costs attributable to overheads			34,281	28,676
- Marketing and communications			191,386	230,235
- Administrative expenses			363,965	369,510
- Governance			58,393	76,956
- Loan interest and charges			99,939	107,228
			1,213,634	1,286,194
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			2016	2015
			£	£
Staff costs			33,709	33,727
AGM and Awards ceremony			5,329	20,704
Audit fees			12,920	12,500
Council meeting expenses			4,975	8,751
Premises costs allocation			1,460	1,274
			58,393	76,956

**Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2016**

Notes to the accounts – cont'd....

3 (e) Staff costs

	2016	2015
	£	£
Salaries	1,451,809	1,487,255
Social security costs	147,313	149,591
Pension and other benefits	107,307	113,975
Redundancy pay	-	21,475
	<u>1,706,429</u>	<u>1,772,296</u>

The average number of employees during the year was:

	2016	2015
	Number	Number
Royal Society for Public Health	47	51
	<u>47</u>	<u>51</u>

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

	2016	2015
	Number	Number
£100,001 - £110,000	1	1
	<u>1</u>	<u>1</u>

Key management personnel

Key Management Personnel are the Trustees and members of the Executive Management Team. Trustees are not paid any remuneration for their role as members of the Council(Board). As Editors of our journals, two trustees received remuneration and this is shown in the Related Party notes. The Executive management team members are the Chief Executive, Director and Deputy Director for Education & Training, Director of Membership & Events, Director of External Affairs, Director of Finance & Corporate Resources and Deputy Director/Head of Qualifications. The total employee benefits paid to the Executive Management Team were £465,685 . (2015 - £457,391)

3 (f) Related parties

Two of the trustees received remuneration. Dr Heather Hartwell, who as the scientific advisor to the RSPH's Journal, received an Honorarium of £2,000 (2015: £2,000) and Dr F Sim received £7,269 (2015: £6,858) for her work on the journal Public Health, in accordance with Article 4.3 of the Charter.

Travelling expenses totalling £2,628 (2015: £8,058) were reimbursed to 5 (2015: 8) trustees during the year to 31 December 2016.

Trustees liability insurance premium of £6,898 (2015- £6,678) was paid in the period.

All trustees are also members of the charity and pay subscriptions at normal rate.

Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2016
Notes to the accounts – cont'd....

4 Operating costs

	2016 £	2015 £
The deficit is stated after charging:		
- Depreciation charge:	112,256	40,249
- Amortisation of goodwill	-	18,879
- Auditors' remuneration	12,920	12,920
- Finance costs	99,939	107,228

5 Commitments under operating leases

At 31 December 2016 the charity had annual commitments under non-cancellable operating leases as follows:

Operating leases - Equipment	2016 £	2015 £
- Due within one year	5,449	21,158
- Due within 2 to 5 years	-	17,633
	5,449	38,791

6 Tangible fixed assets

	Freehold property £	Long leasehold property £	Computers & software £	Furniture and Office equipment £	Total £
Cost					
At 1 January 2016 (as re-stated)	7,100,000	6,500,000	351,435	223,475	14,174,910
Additions in the period	-	-	64,486	10,650	75,136
Revaluations	550,000	-	-	-	550,000
Disposal	-	-	(206,580)	-	(206,580)
At 31 December 2016	7,650,000	6,500,000	209,341	234,125	14,593,466
Depreciation					
At 1 January 2016 (as re-stated)	-	55,555	288,021	218,109	561,685
Charge for the period	-	55,555	54,063	2,638	112,256
Disposal	-	-	(206,580)	-	(206,580)
At 31 December 2016	-	111,110	135,504	220,747	467,361
Net book value					
At 31 December 2016	7,650,000	6,388,890	73,837	13,378	14,126,105
At 31 December 2015 (re-stated)	7,100,000	6,444,445	63,414	5,366	13,613,225

At 31 December 2016 there were authorised capital commitments of £Nil (2015: £Nil).

Historic cost and the revaluation of freehold property

Historic cost of the freehold property, 59 Mansell Street, was £3.35million. At 31 December 2016, this property was valued at £7.65 million by Anthony Martin of Cluttons, a registered RICS valuer.

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 this building at this value for depreciation purposes. At 31 December 2016, the value of the building was £9.75 million.

Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2016
Notes to the accounts – cont'd....

7 Investments

	2016	2015
	£	£
(a) RSPH investment portfolio		
Market Value of Investments on 1 January 2016	1,088,389	1,363,613
Additions	215,005	24,909
Disposal proceeds	(353,049)	(309,475)
Net Investment Gains	127,953	9,342
Balance at 31 December 2016	<u>1,078,298</u>	<u>1,088,389</u>
Historic Cost of Investments	<u>801,624</u>	<u>831,857</u>

All investments are quoted on a registered UK stock exchange.

	£	£
(b) Unit Trusts investments - IHM Education Fund		
Transfer Value of Investments on 1 December 2016	85,202	85,603
Disposal proceeds	(88,893)	-
Net realised gain	3,691	(401)
Market Value of Investments on 31 December 2016	<u>-</u>	<u>85,202</u>

8 Debtors

	2016	2015
	£	£
Trade debtors	388,156	406,059
Other debtors	10,472	20,333
Prepayments	75,431	48,897
	<u>474,059</u>	<u>475,289</u>

9 Creditors: amounts falling due within one year

	2016	2015
	£	£
Other taxes and social security costs	57,776	30,307
Trade and other creditors	314,379	394,473
Bank loans	200,397	183,756
Accruals	58,343	62,405
Deferred Income	229,077	183,046
	<u>859,972</u>	<u>853,987</u>

Included within other creditors is an amount of £10,096 (2015: £14,301) of pension contributions to be paid across to scheme.

Deferred Income-movements during the year:

	2016	2015 (re-stated)
	£	£
Balance at 1 January	183,046	328,578
Amounts released to income in the year	<u>(183,046)</u>	<u>(328,578)</u>
New deferred income in the year	<u>229,077</u>	<u>183,046</u>
Balance at 31 December	<u>229,077</u>	<u>183,046</u>

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10 Creditors: amounts falling due after more than one year

	2016	2015
	£	£
Bank loans	3,592,869	3,765,220
	<u>3,592,869</u>	<u>3,765,220</u>

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 RSPH obtained another loan of £40,000 on 5 April 2016 to fund the replacement costs of our computer servers and its peripherals. This is a short term loan for three years and interest is paid at a fixed rate of 4.19%.

<i>The loan is repayable</i>	£
- in two to five years	781,511
- in more than five years	<u>2,811,358</u>
	3,592,869
 - In one year	 <u>200,397</u>
	<u>3,793,266</u>

11 Analysis of net assets

	General Fund	Designated Fund	Revaluation Reserve	Restricted Fund	Total
	£	£	£	£	£
Tangible fixed assets	5,974,584	-	8,151,521	-	14,126,105
Investments	821,766	-	256,532	-	1,078,298
Current assets	51,329	220,863	-	246,999	519,191
Liabilities	(4,452,841)	-	-	-	(4,452,841)
	<u>2,394,838</u>	<u>220,863</u>	<u>8,408,053</u>	<u>246,999</u>	<u>11,270,753</u>

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12 Funds	1 Jan 16 £	Income £	Expenditure £	Gains, Losses & Transfers £	31 Dec 16 £
General fund	2,401,165	3,292,579	(3,389,539)	90,633	2,394,838
Designated funds and revaluation reserve					
Building Fund	261,462	-	(81,613)	-	179,849
Book shop Development Fund	14,953	-	-	-	14,953
Peter Gardner fund	2,916	-	-	-	2,916
Awards Fund - Unrestricted	23,145	-	-	-	23,145
Revaluation reserve	7,853,899	-	-	554,154	8,408,053
	<u>8,156,375</u>	<u>-</u>	<u>(81,613)</u>	<u>554,154</u>	<u>8,628,916</u>
Restricted funds					
Nigel Symonds	1,062	13	-	-	1,075
Harben Trust	77,086	964	-	-	78,050
Heggie fund	57,274	704	(989)	-	56,989
Thomas Latimer Cleave Memorial Trust	7,551	94	-	-	7,645
Awards fund	52,985	512	(12,000)	-	41,497
EMC Wilson Bequest Fund	842	11	-	-	853
Alzheimer Society	19,489	-	(19,489)	-	-
Youth Health Champion (PHE) project	58,071	61,055	(81,002)	-	58,124
IHM Education fund	68,247	4,928	(73,175)	-	-
Philipp Family Foundation	2,732	34	-	-	2,766
	<u>345,339</u>	<u>68,315</u>	<u>(166,655)</u>	<u>-</u>	<u>246,999</u>
Total funds	<u>10,902,879</u>	<u>3,360,894</u>	<u>(3,637,808)</u>	<u>644,787</u>	<u>11,270,753</u>

13 Prior Year Adjustments and Restatements

	2014
(a) Prior Year Adjustment	£
Funds as at 31/12/2014 as previously stated:	8,145,627
Deferred income adjustment	94,416
Funds as at 31/12/2014 restated:	<u>8,240,043</u>
	2015
(b) Prior Year Restatement	£
Income as previously stated	3,757,481
Deferred income adjustment	6,016
Revised Income for the year	<u>3,763,497</u>
(c) Prior Year Restatement	
Expenditure as previously stated	3,764,047
Depreciation adjustment	55,555
Revised expenditure for the year	<u>3,809,602</u>
(d) Prior Year Restatement	
Increase in revaluation as previously stated	6,650,000
Revaluation adjustment	(3,950,000)
Revised increase in revaluation	<u>2,700,000</u>

The accounting treatment of membership income has changed from 'accruals' basis to 'receipts' basis from this year. As a result, a prior year adjustment was made to the 2014 closing balances as 13(a) above and prior year restatement was made as 13(b) above.

The lease on the property at 28 Portland Place expires in the year 2131. Historic cost of the property is £2,619,065 and this was revalued at £6.5 million in December 2014. The charity decided to adopt the policy to freeze the value of this building at £6.5 million and to depreciate it over the remainder of its lease term on transition to FRS102 and so the revaluation at 31 December 2015 should not have been processed through the accounts. As a result, prior year restatements were made to the opening balances as per 13(c) and 13(d) above.

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14 Funds continued

The RSPH has designated certain funds as follows:

- | | |
|----------------------------------|--|
| <i>Building fund</i> | - represents amounts set aside for property repairs and maintenance over the next three years. |
| <i>Peter Gardner fund</i> | - represents amounts designated to recognise the work of Peter |

Major restricted funds of the RSPH as follows:

- | | |
|---|---|
| <i>Harben Trust fund</i> | - 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". |
| <i>Heggie fund</i> | - 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. |
| <i>Thomas Latimer Cleave Memorial fund</i> | - 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. |
| <i>Awards fund</i> | - 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. |
| <i>Phillipp Family Foundation</i> | -to support the publication of a special issue of the journal Public Health in relation to the proceedings of the Health & Wellbeing conference. |
| <i>Youth Health Champion scheme</i> | -to cover the qualification fees for the training of Youth Health Champions |

Royal Society for Public Health
Statement of Financial Activities
for the year ended 31 December 2016

14 Comparative SoFA Under FRS102(SORP2015)

	Unrestricted Designated Funds and Revaluation Reserves £	General Funds £	Restricted Funds £	2015 Total £
Income from:				
Donations and sponsorship	-	24,000	-	24,000
Charitable activities	-	3,045,249	169,940	3,215,189
<i>Other trading activities:</i>				
Rental, room hire and management fee	-	484,821	-	484,821
Investments	-	36,244	3,243	39,487
Total	-	3,590,314	173,183	3,763,497
Expenditure on:				
Raising funds				
Trading operations	51,846	355,830	-	407,675
Charitable activities	33,166	3,301,390	67,371	3,401,927
Total	85,012	3,657,219	67,371	3,809,602
Net income/(expenditure) before gains/(loss) on Investments	(85,012)	(66,905)	105,812	(46,105)
Investment gains and losses:				
Realised investment gain	-	65,276	-	65,276
Unrealised Investment (loss)	(56,335)	-	-	(56,335)
Net income/(expenditure)	(141,347)	(1,629)	105,812	(37,164)
Increase in revaluation reserve	2,700,000	-	-	2,700,000
Net movement in funds	2,558,653	(1,629)	105,812	2,662,836
Reconciliation of funds				
Funds brought forward	5,597,722	2,308,378	239,527	8,145,627
Prior Year Adjustment	-	94,416	-	94,416
Funds carried forward	8,156,375	2,401,165	345,339	10,902,879