Stop Smoking Services Self-Assessment Improvement Tool (SASIT): Frequently Asked Questions

The self-assessment and service improvement tool (SASIT) has been developed to support local authority (LA) Stop Smoking Service (SSS) delivery and improvement. The tool was commissioned by the Department of Health and Social Care (DHSC) and has been jointly developed by DHSC and the National Centre for Smoking Cessation and Training (NCSCT), in consultation with LAs. The SASIT will help to benchmark activity, ensure a minimum standard of service and identify areas for improvement.

The tool is available to download here, along with supporting resources, including two examples of completed tools.

Section 1: Background to the tool

Who is the tool for?

- As set out in the conditions of the Public Health Grant, any LA achieving less than 5% of their local smoking population who set a quit date must submit a completed self-assessment to DHSC within the financial year.
- However, all LAs are strongly encouraged to use the tool, even if they exceed the 5% threshold as part of ongoing service improvement.
- The self-assessment is intended to be a supportive and constructive process and to be an honest reflection of current service delivery and outcomes.

Why is 5% the benchmark?

- Both NICE and NCSCT guidance state that services should aim to treat at least 5% of the local smoking population (e.g. set a quit date).
- This is a minimum acceptable level of engagement, with any area not meeting this threshold required to complete and submit the self-assessment.
- However, all LAs are encouraged to use this tool for service improvement purposes and to ensure they maintain a high-quality service offer that consistently exceeds the 5% minimum expected standard.

How will you calculate the percentage of local smoking population who set a quit date?

- The proportion of smokers setting quit dates in each LA is calculated using the annual number of smokers who set a quit date with SSS (from the Stop Smoking Services Collection) and the local smoking population (from the Annual Population Survey rolling 3-year smoking prevalence).
- The proportion of local smokers setting a quit date in each LA will be published in November each year and can be found **here.** Any LA meeting not meeting the 5% threshold will be notified by DHSC at that point.
- Further information and detailed indicator definitions can be found **here.**

Is 5% a new target for local services?

- No. This is not a target – it is a minimum expectation for stop smoking services reaching local smokers. It is assessed retrospectively based on the latest annual published data.
- All LAs are encouraged to complete the tool for service improvement purposes, but with the additional requirement for those not reaching the minimum expectation of 5% to submit their assessment to DHSC.

How does the tool work?

- The SASIT has five sections.
  - Section 1: *Challenging your Service* where brief written responses are required.
  - Sections 2, 3 and 4: focus on *Commissioning, Delivery and Monitoring* of services (as set out in **NCSCT guidance**) and requires an assessment of whether the LA/SSS can demonstrate *Strong evidence*, *Some evidence*, or *No evidence* for each item. This section is scored depending on the response to each question.
  - Section 5: presents the overall scores for each section and highlights where there are areas for improvement. This will help LAs identify where improvements should be considered.

How and when do self-assessments need to be submitted?

- Any LA achieving less than 5% must submit a completed self-assessment document to DHSC within the financial year. This is a condition of funding as set out in the Public Health Grant circular.
- Completed self-assessments should be sent to stopsmokinggrant@dhsc.gov.uk by the end of the corresponding financial year.
- For LAs above 5%, the self-assessment is recommended but submission to DHSC is not mandatory.
- Usefulness of the tool is enhanced when sharing findings with peer LAs and regional tobacco control leads.

How will LAs be advised if they are required to submit the self-assessment?

- Following publication of the updated prevalence data each year, DHSC will notify any LA not achieving 5% that they are required to complete and submit the self-assessment. Any area below 5% that does not submit the self-assessment by the end of the financial year will be considered in breach of the conditions of the Public Health Grant.

Are there financial penalties for not meeting the 5% threshold?

- This is a self-assessment tool and **not** a formal audit of local services and spending.
- The key requirement is for those not meeting the minimum expectation to **complete and submit** the tool.
- There are no financial penalties associated with not achieving 5%. **If the required tool is not submitted** by the end of the corresponding financial year, the LA will be considered a breach of the conditions of the Public Health Grant and escalated via the wider Public Health Grant assurance process.

What happens after the self-assessment has been submitted?

- The completed self-assessment will be shared with the relevant DHSC regional team who will contact the LA to discuss any necessary improvement plans.
- The process will take a constructive and collaborative approach to support local improvements and to share learning.
- More information will be provided prior to data publication in November 2026.

How does this link to CLeaR?

- CLeaR is a **completely voluntary** process that is designed to support local networks to review the broad range of tobacco control activity (such as enforcement) being undertaken locally, rather than specifically focusing on SSS.
- Completing and submitting the SASIT is a **condition of the Public Health Grant** for LAs where less than 5% of their smoking population have set a quit date with the SSS. Whilst the SASIT has a much more detailed focus on SSS, both are useful tools for LAs to review activity and identify gaps in service and/or areas for improvement.

Section 2: Using the tool

Who should be involved in completing the SASIT?

- It is recommended that, at a minimum, the Commissioner or Public Health Lead responsible for the LA SSS should complete the SASIT. Involving your SSS Manager, health improvement leads and data analyst is likely to be helpful. You may also consider involving other relevant local stakeholders.

How long does it take the complete the SASIT?

- LAs who have completed the SASIT report that it requires about 4-5 hours by lead team members. Additional time may be required to receive input or data from other team members and/or stakeholders.

What reporting year should be used for completing the SASIT?

- Your SASIT should be based on the current reporting year. For questions related to performance monitoring, services can base responses on the latest published annual data.

How do you select a response under the evidence column in Excel?

- When you click on the cells in the evidence column, a drop-down menu arrow will appear. The menu includes three response options for you to select.

How do I assess the level of evidence rating?

- The SASIT is set up in question format and you are asked to assess your performance for each area. If you have no activity in this improvement area (i.e. this is not in place in your LA), select no evidence. If you have evidence of some relevant practice, but there is room for improvement or development, select 'some evidence'. If you can demonstrate clearly that the practice is well established and performing well, select 'strong evidence'.

What type of evidence is needed to support answers?

- As the SASIT is a quality improvement tool, you are asked to critically assess current performance in each area. Where possible, seek input from internal and external stakeholders.
- Two completed SASITs are available as a resource to LAs and provide examples of how the evidence ratings are applied. These can be accessed here.
- Below is an example of representative activity for each evidence category.

Example 1: Commissioning and Leadership

3.2 To what extent is stop smoking support prioritised in plans between local government departments and community/voluntary sector agencies (e.g. drug and alcohol, social housing, homelessness services)?

Evidence	Example of representative current activity
No evidence	Stop smoking support has not been formally prioritised in local government department plans and/or community/voluntary sector plans.
Some evidence	Stop smoking support has been identified in some key local government sector plans (drug and alcohol services), however there is further work to do to ensure stop smoking in integrated into local community/voluntary sector strategies and plans. Or Work has begun to work with government and local sector agencies to prioritise stop smoking services in relevant government plans.
Strong evidence	Stop smoking support has been prioritised in relevant local government department plans as well as key community/voluntary sector plans including drug and alcohol services, social housing, homelessness services.

Who to contact for more information?

- For issues relating to the tool itself please email enquiries@ncsct.co.uk.
- For issues relating to data or submission of the tool please contact your DHSC regional tobacco control lead/team.